HARVEY, AND THE UNITY OF THE PROFESSION.

Being the Annual Address delivered to the Harvian Society.

By EDWARD H. SIEVEKING, M.D.,

PHYSICIAN TO ST. MARY'S HOSPITAL.

In the year 1559, a Doctor of Medicine of the University of Oxford,* named John Geynes, was cited before the Royal College of Physicians of London for impugning the infallibility of Galen. He was accused of having publicly stated that Galen had erred, whereupon he was required to bring forward the points in which he had discovered the errors, only one month being allowed him to prepare the list. "Præceptum est Joanni Genes gratioso alioqui et non imprudenti viro, ut scripta Collegio exhibeat omnia ea Galeni loca (intra mensem unum) quibus eum errasse, et vulgo et apud doctos, ac etiam coram universo Collegio in solemnibus comitiis congregato dicere, hominem non pudebat." Such is the literal record of the fact in the annals of the College.

Dr. Geynes was unable to make out a good case against Galen; and having, by the direction of the president, been summoned through the Sheriffs' Court of London either to fulfil the behests of the College or to be conveyed to prison, he clearly understood that he and not Galen had been at fault. Whereupon "he most honourably confessed that he repented of his heresies; that he had proposed futile assertions, that he had not been sufficiently circumspect, that he had not compared the passages of Galen carefully enough, that he had not inquired into his meaning, that he had not understood the sense, that he had not quoted his words faithfully, that he had not shown reverence to Galen, and that he had falsely accused him." Such full confession merited plenary indulgence. The College pardoned the culprit, and ratified the fact by admitting Dr. Geynes to the fellowship in the very next year after the commission of the flagrant delinquency which has just been detailed.

The name of Dr. Geynes is otherwise in no way distinguished from a long list of now, but for Dr. Munk's valuable Roll of the Royal College of Physicians, unremembered Fellows of that body. There is no record of the accusations which Dr. Geynes brought against Galen; possibly we might regard them as futile as they appeared to the College in 1559. We do not know whether he in any way anticipated the great discoveries which in less than a century were endorsed by the same College, and which undermined so much of what, upon the authority of Galen, had been regarded as irrefragable. But it is interesting to see how completely in those days men's minds were under the control of authority—how little the right of private judgment had invaded even the precincts of science. I do not propose to trouble you with an exposition of Galenism in general; but it may not be without instruction, and I trust not without some little interest, if for a few moments we examine what was the teaching of the great Pergamenian, in order that the reformation brought about by Harvey, the Luther of Medicine, may stand out in all the brilliancy that belongs to it, and with which it has illumined, and will ever continue to illumine, the paths of genuine inductive science.

Galen bases his doctrine concerning the circulation on the dictum of Hippocrates (*vide* Περὶ τροφῆς) that the liver is the root of the veins, as the heart is of the arteries, and that from these organs the blood and the spirit pass to the different parts of the body, and warmth is diffused through them.† From both he says that warmth flows through the body. The arteries which are in the heart correspond in size to the veins in the liver; and in the same way as the artery which is given off from the left side of the heart constitutes the trunk of the arteries which occur throughout the living body, so the veins which are spread over the whole body spring from the vena cava, as branches from the trunk of a tree. The arteries which are distributed from the heart to the lung correspond in size to the veins which occupy the stomach, spleen, and mesentery; and so on. This may serve as a specimen of Galen's anatomical notions regarding the vessels. I gather from other parts of his works what his views were regarding the functions of the vessels and the blood. The following passage is essentially all that he says upon what we should call the circulation, but concerning which, whatever faint indications may be traced of the doctrine in Galen or his successors now that every tyro has the facts properly propounded to him, no one possessed any real knowledge until demonstrated by him who, a hundred years after the condemnation of Dr. Geynes, was called by the College of Physicians "ubique amor et desiderium."*

"The mesentery," we find Galen writing,† "supports two veins which emerge beneath the liver, and they subsequently are distributed into various parts, and are inserted into the mesentery, by which means, as they are thin, they escape the danger of rupture. They adapt themselves to the bendings, and lying like leeches, gaping with an open mouth upon the jejunum, suck up all the aliment which has been converted into juice in it. As soon as they have absorbed, they change into blood what in the jejunum was a liquid. The two veins that have arisen out of many, carry off what they have received from the mesentery by the gates that have already been mentioned. In the liver the food puts on the nature of blood, at the same time the various excrementitious matters are thrown off. Yellow bile is carried to the bladder which is attached to it, black bile to the spleen. The food converted into blood is conveyed from the liver to the right side of the heart. From the heart the blood passes by the jugular veins to the upper parts of the body. By the vena cava it is poured through the entire body. From the hollow vein two branches pass, after the blood has been separated from the serum, to the kidneys, which lie under the loins towards the hips, and through which the urine transudes." The importance of the liver as the main organ of sanguification and as the source from which the blood springs, is often dwelt upon; it is most succinctly put in the words, "πᾶν τὸ αἷμα ἐκ τοῦ ἥπατος ἀρχὴν ἔχει,"—all the blood takes its origin from the liver.‡

To us, with our present lights, all this appears only a monument of human ignorance; and yet, with such an anatomical and physiological nightmare weighing upon them, our learned ancestors who doctored the sick between the second and seventeenth centuries of the Christian era, wrote prescriptions with probably as much, if not more, self-possession and self-confidence as our Todds, Brights, Lathams, or Watsons of the present day. The difficulty of reconciling the discrepancies and incongruities that must have pervaded Galen's mind, becomes greater when we find him explaining facts by hypotheses. Thus, if you will bear with me and Galen a little longer, the arteries were to him, as you know, vessels that held a spirit or vapour; he assumed a power (δύναμις) flowing from the heart to each artery, by which it dilates and contracts;§ and "because everything that dilates draws to itself from surrounding parts," he concludes "that those arteries which terminate in the skin draw air into themselves, and that those which at some part open to the veins draw the most refined and spirituous part of the blood which they contain to themselves." At the same time we meet with the admission, that blood does get into the arteries, but, it is supposed, to serve only for the nutrition of the arterial coats. Again, we find him speaking of arteriotomy as a means of emptying both veins and arteries, "which cannot well happen," he says, "unless the two anastomose with one another." (οὐκ ἂν τοῦτο συβὶ γενομένου χωρὶς τῶν φλεβῶν ἀλλήλαις ἀναστομώσεων.) Again, the effect of a ligature upon an artery‖ was well known to Galen, for he observes, that if arteries be constricted by a ligature at any part, the part above the ligature nearest the heart is seen to beat as before, while the part that is below is at once deprived of the pulse; it is manifest that this movement proceeds from the heart to the arteries."

Is it not strange that, being so shrewd an observer, he should have allowed his mind to become warped by spurious theories, so as not to penetrate a little further into the mystery of the circulation? and is it not a still greater enigma, that with Galen's example as a dissector and vivisector and pathologist, the medical fraternities of fifteen centuries should have failed to look for themselves, and should have preferred groping in the murky fog of authority to enjoying the bright light of inductive science?

The period of incubation was indeed a long one. Before the

* Roll of the College of Physicians, by Wm. Munk, M.D., vol. i., p. 60.

† Galeni Opera, Ed. Kühn, vol. xv., p. 368.

* See the inscription on Harvey's tomb, voted by the College of Physicians on June 25th, 1650.

† Loc. cit., vol. xiv., p. 716.

‡ Loc. cit., tom. xv., p. 288.

§ Loc. cit., tom. ii., p. 204.

‖ Loc. cit., tom. iv., p. 679.

birth there were not the usual phenomena and disturbances which so often indicate the coming event. Together with the "Novum Organon," the great "Exercitatio de Motu Cordis,"* which has cast Galenism to the winds, and inaugurated a new phase of the world's growth, sprang from the brain of Harvey like a new Athene, in complete and gorgeous panoply, from the head of Zeus.

The little man, of lowest stature, round-faced, and of olivaster complexion, with the small, round, black eye, full of spirit, and with hair black as the raven's coat—such is the description given us of Harvey—did not arrive at his conclusion without much and hard labour; but of all the works in medical science which embody great and important truths promulgated in them for the first time, there is none to which in every sense the "teres atque rotundus" of Horace more completely applies than to the "Exercitatio de Motu Cordis." There is a completeness of proof, a certainty of conviction, and an absence of dogmatism in that small volume, which, as Dr. Mead truly says, laid the foundation for rational medicine,† that it will ever serve as a model to the medical writer, as it will remain a memorial of one of the greatest intellects which have ever lived.

There are few things more grateful to the thoughtful mind than to find an opportunity to dwell upon the achievements of our forefathers, and to pay them, at fitting times, the debt which we owe, but which in the turmoil of life we but too often overlook and forget. You will the more readily, I believe, acknowledge the deep obligation which we, as men of science, and our fellow-men at large, are under to William Harvey, if you will compare for a moment the absurd mystifications which Dr. Geynes was sworn to believe in, and the broad facts of the circulation which are now known to the first year's student, and which form the very groundwork of our daily practice. Should there be any among my hearers who have not yet perused the Exercitation, let me beseech you in justice to yourselves, no less than in justice to him from whom this Society derives its name, not to let the week go by without having afforded yourselves the treat that has been too long denied you. Dr. Willis's excellent translation for the Sydenham Society brings it home to us all, and you will not regret the hour you may devote to it.

(*To be concluded.*)

ON A

CASE OF HEPATIC ABSCESS OPENING INTO THE PERICARDIUM.‡

BY HENRY DICKMAN, ESQ.,
COLONIAL SURGEON, CEYLON MEDICAL SERVICE.

IN the course of an eighteen years' practice, opportunities have not been wanting for observing closely the phenomena of hepatic abscess, both amongst Europeans and natives, in hospital and private practice. Cases of hepatic abscess opening into the lungs, bowels, or cavity of the peritoneum, are not uncommon in Ceylon; and I believe every practitioner in the island either possesses notes of cases of liver abscess which at one time or another claimed his anxious attention, or has the features of such cases daguerreotyped upon his mind. But liver abscess opening into the pericardium may be justly deemed an exception, and I believe it is admitted, by writers who have observed liver disease on a large scale, to be of rare occurrence. Dr. Morehead, in his able treatize on "Diseases of India," observes that Rokitansky and Graves each report a case; and two other cases are mentioned in his book as having occurred in Western India. An eminent physician in Calcutta, Dr. John Jackson (late Professor of Medicine in the Bengal Medical College), in a very practical paper on the "Management of Abscess of the Liver," published in THE LANCET of the 13th August, 1859, records another case of hepatic abscess which opened into the pericardium. In connexion with this case Dr. Jackson mentions the interesting fact that "when the external incision was made for relief, there was an immediate discharge of matter much greater than had been originally expected. A male catheter was introduced into the pericardium, and was moved to and fro from side to side by the action of the heart, which struck against it, without being rendered irritable; in fact, it produced no acceleration of pulse, nor was pain complained of." The particulars of the following case, it is therefore hoped, may prove acceptable to the readers of THE LANCET. The subject was a native of Southern India, who, like many others, had come to the island in search of employment.

Sinne Carpan, aged thirty-five, Malabar horsekeeper of a coffee-planter, was admitted into the Kandy Government Civil Hospital on the 27th of February, 1860, for general dropsy. The face was puffy, eyelids swollen, feet œdematous, and the abdomen distended with fluid. He complained of slight dyspnœa and cough; but, beyond an unusual loud impulse of the heart, no abnormal indication presented itself as respects this organ. The first and second sounds were distinct, and there was no bruit heard. Percussion did not show any increased dulness in the præcordial region; the pulse was small and feeble, 82; urine scanty and high-coloured. The most urgent symptom on admission was, a very distressing feeling of distension. The patient admitted that his habits were intemperate. The disease was of some months' standing, and had set in with fever and pain in the right hypochondrium; and notwithstanding the effusion into the cavity of the abdomen, the thin edge of the liver was distinctly felt very low down. The conjunctivæ of both eyes were yellow; and he could not turn to the left side without pain and uneasiness.

Anasarca, dependent on an enlarged liver, was diagnosed as the disease from which the patient was suffering. A blister was applied to the right side of the abdomen, and small doses of blue-pill, squills, and hyoscyamus were ordered to be taken every four hours. Diet light and nourishing. These remedies produced slight ptyalism, and increased the secretion of urine; but no diminution of the general swelling took place. The cough and dyspnœa were less, but the patient complained of restless nights and increasing prostration. On the 6th of March, quinine and nitre were substituted, and a small quantity of spirit allowed. The patient, however, manifested no improvement; and on the 11th, in addition to existing symptoms, diarrhœa (a complication very much dreaded in Indian labourers, in this country), set in. The nitre was therefore omitted, as we have found from experience that it always increases purging; and quinine and small doses of Dover's powder were prescribed, together with arrack (native spirit) and nitrous ether. These remedies had somewhat restrained the diarrhœa, but general swelling was evidently gaining ground. No enlargement of the right side was perceptible. There was an absence of rigors, or of those symptoms thought to be pathognomonic of liver abscess. The tongue was certainly furred, and the urine scanty; but there was bile in the evacuations, and the pulse was always below 100. Even that symptom—pain in the right shoulder—noticed from the days of Hippocrates as peculiar to abscess of the liver, was absent here.

Iodine frictions were now applied to the abdomen; quinine and small doses of Dover's powder were continued; and a simple diuretic mixture, composed of nitrous ether, was ordered, and continued for some time without any benefit. He complained of great restlessness; the countenance had assumed a very anxious aspect; and the feeling of general distension had become very distressing. He could not bear to be moved in bed even for the purpose of examination; and although the jactitation was so great, at the time, as to interfere with the stethoscopic examination, yet sufficient indication was obtained of rapid effusion into the pleura: the lower half of both lungs was dull, and the respiratory murmur absent. The patient was occasionally delirious, but the delirium partook of that low character observed in disease attended with great exhaustion, and his pulse became a little more frequent and much more feeble. Chicken-broth and port-wine were now freely given, and morphia was administered at night to procure sleep, but without the desired effect.

The general dropsy rapidly increased; he became very restless in bed, desiring frequent change of position; *dyspnœa was very distressing;* the eyes presented a peculiar wild appearance; the action of the heart became feeble; diarrhœa more and more urgent; and he sank on the morning of the 12th of April.

The closing symptoms, it was thought, were due to effusion into the pericardium, and to mechanical pressure of the fluid on the heart; but, as will be seen from the following account

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* Bacon's "Novum Organon" appeared in 1620, and though Harvey's work on the Motion of the Heart was not published till 1628, he had developed it earlier, and there is every reason to believe had actually written it before 1619. For this and other information see Dr. Willis's "Life of Harvey," prefixed to the Sydenham Society's edition of his works.

† The Roll, &c., vol. i., p. 135.

‡ Communicated by J. W. Fleming, Esq., F.R.C.S., Surgeon to the 37th Regt.

of the post-mortem examination, the pericardium contained the contents of a large hepatic abscess.

Sectio cadaveris.—In consequence of a desire to make a morbid preparation for our Pathological Museum at Colombo, the several organs were not disturbed more than was necessary by Mr. Markus, assistant-surgeon of the hospital, who conducted the post-mortem examination. The body was much swollen. On opening the middle mediastinum, the pericardium was found distended with a large quantity of purulent matter. On examination, an opening was clearly observed leading from the pericardium downwards and to the right side into the substance of the liver. Lungs slightly congested posteriorly. The cavity of the pleura contained a large quantity of serous fluid. The abdominal cavity contained several pints of straw-coloured serum. Liver very much enlarged; a large abscess on its convex surface, which opened into the pericardium. Other organs healthy. The heart, liver, and lungs were placed in spirits and despatched to Colombo.

Remarks.—A belief is very generally entertained that hepatic abscess, the result of acute inflammation, is "exceedingly rare" amongst Asiatics, and that it is a disease peculiar to the Europeans in India. It was Twining, I believe, who first suggested the idea; but the particulars of the above case, the records of our large Native Hospital, and the experience of such men as Morehead, negative the idea. Indeed, the results of the Bombay Native Hospital show that the rate of mortality has been considerably higher from hepatic disease *in natives* than in the European General Hospital of that presidency. And Dr. Jackson, in the paper from which I have quoted, records it as his conviction that superficial abscesses pointing towards the abdomen are not uncommon amongst the natives of India.

Our observation, so far as it has gone, has convinced me that "liver abscess" is not an "exceedingly rare" disease amongst Asiatics; and we moreover find in the writings of Staff-Surgeon Marshall, who served in Ceylon many years ago, that abscesses of the liver both in the native army and amongst Africans were not uncommon.

On the other hand, we are not convinced that acute hepatitis is an *every-day* disease with the European, or that "*the liver*" is a disease exclusively of the Europeans in India. We sincerely believe that this organ is more frequently sinned against than sinning. As every case of dysentery some years ago was thought to be connected with liver affection, so we fear that in many cases of abdominal derangement, particularly of the small intestines, the liver came in for a large share of *blue-pill*.*

But whilst hepatic abscess in the European in India is confessedly a very fatal disease, *in the native* it is a much more *obscure* one, rendering the formation of a correct diagnosis a very difficult matter, when, as in the case just detailed, the abscess does not show a tendency towards the abdominal parietes. The group of symptoms indicative of abscess is far less appreciable in them than in the European. Not unfrequently, in the conduct of post-mortem examinations, we come upon small abscesses of the liver, which were not indicated during life-time by any symptom; and this is not to be wondered at, when, even in the European, the presence of a limited abscess has been found by observant physicians to be not inconsistent with the existence and enjoyment of tolerable health.†

The case which I have reported presented none of those symptoms which are generally relied on as indications of hepatic abscess. There were no rigors,‡ no marked acceleration of the pulse, no tension of the right rectus, no bulging of the right side, nor pain in the right shoulder; and even the test so much relied upon by Annesley and the older Indian writers—mercury not producing salivation—failed here. The patient readily came under the influence of blue-pill.

The extreme difficulty, nay the impossibility, of bringing a patient with abscess of the liver under the influence of mercury is so much relied on by Dr. Jackson, that he looks upon ptyalism as the *experimentum crucis*.

But this is the second failure of the test within a short time. The other case was that of a European clerk, in the employ of a merchant in Kandy. He was salivated by a few doses of blue-pill, given for an attack of dysentery, which supervened on "liver." Abscess was clearly diagnosed shortly afterwards, of which he died after operation.

Ceylon, 1861.

* It must be acknowledged that functional disorders of the liver are often assumed to exist on very vague and trivial grounds, and modes of treatment adopted in consequence of some imagined affection of the liver which are often unnecessary, and it is to be feared sometimes absolutely injurious.—TWINING on "Diseases of Bengal."

† Budd on the Liver, page 82.

‡ In two cases of hepatitis amongst European planters, rigors were present every day for a week and ten days, but they were not conclusive of abscess. In a gentleman who had suffered more than once from liver abscess, after leeching and blistering, rigors set in, and caused some anxiety, but they were not indicative of suppuration. My friend, Mr. Loos, in charge of the European Seamen's Hospital at Colombo, very lately operated in a case of liver abscess, in which rigors were altogether absent.

REPORT OF A

CASE OF POISONING WITH BICHLORIDE OF MERCURY.

BY JOHN J. SKEGG, L.R.C.P. EDIN., &c.

THE following case of poisoning with corrosive sublimate may not be uninteresting to the profession, showing the rapidity of its fatal effect, the patient dying in three hours and a quarter after swallowing the suicidal dose.

In Dr. Taylor's admirable work on Medical Jurisprudence, a case is reported by Mr. Welch in which a man died in less than half an hour: the quantity of the poison was not ascertained. In the same book is mentioned another case, that of a child who was killed in three hours after taking eighteen grains. In acute cases, death usually occurs in from one to five days. In my case the dose was a very large one—a quarter of an ounce; and its being in a state of solution of course added very much to the quickness of the fatal termination.

On the 27th September, 1861, at eleven in the morning, I was hastily summoned to R. S——, an army accoutrement maker, who, I was informed, had just taken poison. Upon my arrival, I found him to be a strong muscular man of about fifty-four years of age. He lay in a state of great prostration on the bed (the skin blanched, and covered with a cold clammy perspiration), vomiting a thick, stringy, albuminous-looking substance; great purging, partly blood; intense pain over the abdomen; the tongue and interior of the mouth perfectly white from the contact of the poison; pulse scarcely perceptible.

Upon making inquiries of him, he told me that he had swallowed twopennyworth of corrosive sublimate; also informed me where he had purchased it, and that he had kept it in his pocket the last week in a state of solution, contemplating suicide. I afterwards learnt at the shop that a quarter of an ounce was sold for that sum.

I immediately administered the white of egg, at the same time encouraging vomiting; milk was given *ad libitum*, and at intervals brandy-and-water; a mustard poultice over the whole of the abdomen. I remained with him for one hour.

At one o'clock I saw him again. He appeared much in the same condition, but lower and more depressed. At a quarter past two I paid another visit, and found he had just expired.

Autopsy twenty-four hours after death.—Upon opening the abdomen, the exterior of the stomach was found to be of a deep red colour; the interior had more the appearance of a piece of dark-crimson velvet, owing to the large amount of extravasated blood. The intestines here and there were reddened. That portion of the omentum attached to the stomach was of a deep-crimson hue for one inch from the margin of that viscus. The other organs were in a healthy state.

St. Martin's-place, Trafalgar-square, Jan. 1862.

UNIVERSITY OF EDINBURGH. — The sum of 40,000 rupees has been invested in Indian Securities by John Muir, of the Bengal Civil Service, D.C.L. of Oxford and LL.D. of Edinburgh, for the endowment of a chair of "Sanscrit Language, Literature, and Philosophy, and of Comparative Philology," in the University of Edinburgh. The endowment is granted on the conditions that the free proceeds of the sum, which is invested at 5 per cent., shall be annually paid to a professor to be appointed, and that the Treasury shall grant the additional sum of £200 per annum for the endowment of the chair; that the first appointment shall be made by Dr. Muir, the patronage to be subsequently vested in the Crown; and that such fees shall be exacted from the students as the University Court may sanction. The munificent gift of Dr. Muir to the University has been received with great satisfaction, there having been hitherto no provision for the teaching of Sanscrit there, excepting in connexion with the Hebrew chair. The large number of Edinburgh students who look forward to the Indian service renders the new chair a most important acquisition to the University.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

LONDON HOSPITAL.

PROLAPSUS OF THE RECTUM IN THE ADULT; PARTIAL SLOUGHING AND CURE OF THE PROLAPSE BY CICATRIZATION.

(Under the care of Mr. CURLING.)

M. M——, a woman aged sixty, feeble, emaciated, and with an anxious expression, was admitted November 21st, 1861, on account of a large prolapsus of the rectum. She stated that for a long time her bowel came down when she went to stool; but she has always been able to return it until the present occasion. The prolapsus first occurred during violent exertion in lifting her mother into bed. The bowel descended two days before her admission; and as she had been unable to put it back, could not sit, and found the part very painful, she became alarmed, and applied at the hospital. There was a considerable pyriform swelling at the anus, about the size of a large orange, of a dark or livid colour, but of a deep-red towards the base. The margin of the anus tightly constricted this part. Mr. Curling applied a sponge over the protruded bowel, and made firm and continued pressure in order to reduce it, but without success. The woman was sent to bed, and a poultice, moistened with a solution of chloride of lime, was applied to the part. She was ordered a nourishing diet, with wine. In a few days large superficial sloughs on the surface of the protruded bowel began to separate; and by December 6th they came away, leaving a healthy surface, the swelling being much diminished. Strips of lint, moistened with a solution of nitrate of silver (two grains to a drachm), were applied around the prolapsus, which was also supported with a T-bandage. On the 16th the mucous membrane was looking healthy and free from congestion, and the large sores were healed to a considerable extent. Mr. Curling was able by slight pressure to reduce the protrusion. On making a digital examination a few days afterwards, he discovered, at about an inch and a half from the anus, a distinct ring of contraction, which was evidently caused by cicatrization of the coats of the bowel. This increased until the forefinger could only just pass through it. It afterwards yielded somewhat, and caused no impediment in the passage. No difficulty in defecation had been experienced even whilst the bowel protruded. Since the reduction of the prolapse, the woman had been free from all pain, and had passed her motions and walked about without any protrusion taking place. She became much improved in health, and was discharged cured Jan. 10th, 1862.

Mr. Curling, in some clinical remarks, observed that this case was one of genuine prolapsus; not of projecting hæmorrhoidal growths, often improperly termed prolapsus of the bowel, but a falling down and protrusion of the whole of the coats of the rectum—a pathological change of the character of intussusception, but differing from it in the circumstance that the involved intestine, instead of being sheathed, is uncovered and projects externally. The displacement, though common enough in children, is not so frequent in adults; and, when it occurs in the latter, is more common in women than in men, owing, he believed, to a weakness in those parts produced by repeated childbearing. When a prolapsus takes place, it is important to reduce the protrusion before the part becomes engorged and swollen. In consequence of the bowel remaining down in this case, congestion ensued and increased until the bowel became partially strangulated, which ended in sloughing of a large part of the exposed mucous membrane. The constriction produced by the sphincter muscle sometimes leads to complete strangulation; and there are cases on record in which the whole of the protrusion has sloughed away, similar to what sometimes occurs to an intussuscepted bowel. In this case, the partial sloughing had a beneficial result. The healing process caused so much contraction of the coats of the bowel after its reduction as to obviate the previous relaxation, and to prevent any repetition of the protrusion, so that the patient was cured by a natural process. Indeed, there was some apprehension of the contraction going on to produce a stricture in the passage; but fortunately this did not take place. The treatment required was very simple. By rest and appropriate applications the engorgement subsided; and, after the separation of the sloughs, no difficulty was experienced in replacing the bowel.

TUMOUR OF THE NECK, CONSISTING OF A MASS OF HYPERTROPHIED GLANDS; SUCCESSFUL REMOVAL.

(Under the care of Mr. CRITCHETT.)

A healthy-looking sailor lad, about nineteen years of age, was recently admitted, with a tolerably large tumour situated on the right side of the neck, extending from behind the lower jaw downwards towards the clavicle. It was freely movable superficially, and was found to consist of several portions, which were readily made out to be the glands of the neck in a state of hypertrophy. The lad's aspect did not point to struma as the origin of the disease; it was believed by Mr. Critchett to be the result of repeated chills, to which he had been subject five years back when following his avocation at sea. The lad was most anxious to undergo any operation for removal, more especially as masters of sailing vessels had refused to employ him in his present disfigured condition. The size of the tumour in its totality was about that of the two fists.

Chloroform was given on the 9th of January, and an incision was made by Mr. Critchett over the anterior part of the tumour from above downwards, penetrating the capsule of the largest and most prominent gland. This was easily enucleated, chiefly by means of the fingers. Subsequently as many as seven or eight others were removed in a similar manner—one extending behind the angle and ramus of the lower jaw, another downwards towards the clavicle, and a third deeply inwards between the complexus and sterno-mastoid muscles. Although the dissection was tolerably deep, there was comparatively little hæmorrhage, owing to the facility with which the different tumours were got away. On section, they were found to be simply hypertrophied glands, without any strumous deposit in their interior. The edges of the wound were brought together by iron-wire sutures, and, although thus closed, a space existed between the inner surface of the skin and the deeper parts. This was obviated most completely by applying a sponge over this part, and keeping it in position by several broad strips of adhesive plaster, thus maintaining direct and firm contact between the skin and muscles.

Since the operation the patient has gone on favourably, and will probably make a good recovery.

KING'S COLLEGE HOSPITAL.

ADIPOSE TUMOUR SITUATED OVER THE HIP-JOINT; SUCCESSFUL ENUCLEATION.

(Under the care of Mr. FERGUSSON.)

THE situation of the tumour in the following case was unusual for the class of growths to which it belongs, and it had long caused much inconvenience. Although readily removed, the resulting wound did not heal by adhesion, as we are in the habit of witnessing. This was no doubt due to the oozing of blood, which continued a few days after the operation. The brief notes of the case were kindly furnished by Mr. G. Fortescue, late house-surgeon to the hospital.

Elizabeth S——, aged forty-eight, admitted Oct. 26th, 1861, under the care of Mr. Fergusson, with a soft, movable tumour, of about the size of a shut fist, under the skin over the right gluteal region. It has been some eight or nine years in progress. She has always had good health, and is in remarkably good condition. On the day of admission, Mr. Fergusson made a straight incision over the tumour, and, with a few touches of the knife only in its deeper attachments, removed it by tearing it away. It proved to be an ordinary fatty tumour.

28th.—The cavity of the wound had filled with clotted blood, which was removed. There appeared some tendency to oozing. Cold applications.

Nov. 1st.—Wound discharging a dirty-brown fluid, and still disposed to bleed.

2nd.—The patient complained of much pain in the wound last night.

4th.—The wound looks better, and the discharge is more healthy. The cavity is filled with lint, wetted with myrrh lotion. The pain is much diminished.

7th.—A small portion of the lower margin of the incision has sloughed away.

11th.—The wound begins to fill up rapidly, and there is a profuse discharge of healthy pus.

Dec. 14th.—She has advanced without a bad symptom since last date, and was discharged to-day, the wound all but healed.

LODGMENT OF A FOREIGN BODY IN THE VAGINA; SUCCESSFUL EXTRACTION.

(Under the care of Mr. FERGUSSON.)

Of the various foreign bodies which undergo impaction in the vagina pessaries are the most common, depending chiefly on the carelessness of the patient in not occasionally removing them for the purpose of being cleansed. An example of this kind was recently admitted into the above hospital, but the true nature of the body was not known until after its extraction.

A thin, spare woman, forty-five years of age, had been subject to prolapsus uteri for some years, for which she had worn several variously-shaped pessaries. One of these became impacted, and under the influence of chloroform it was extracted on the 25th ult. Mr. Fergusson afterwards stated that he had extracted many pessaries from the vagina which had become impacted, and generally their removal had been attended with comparatively little trouble. He had turned them out with the finger, lithotomy forceps, scoop, &c. This patient had been admitted a few days ago with a pessary impacted in the vagina, which she had worn for eighteen months, occasionally removing and replacing it during that time; but at last it became firmly fixed five months back. It was so thoroughly compressed by the soft tissues that it could not be removed without cutting them. The small end projecting at the outlet subsequently proved to be the first portion of a Simpson's pessary. On proceeding to extract this, Mr. Fergusson thought at first he had to encounter a round piece of wood, but to his astonishment he came upon a marginal body, and then upon a second and larger one. He notched the vagina with a probe-pointed bistoury, and thus was enabled to get the body away.

There was no deposit around the pessary; the irritation, however, was so great previous to extraction, that malignant disease was at one time suspected. There was a vaginal rectocele to add to the complication of the case.

ST. GEORGE'S HOSPITAL.

ENCYSTED TUMOUR OF THE LABIUM, THE SIZE OF AN ORANGE, OF TEN YEARS' GROWTH; TREATMENT BY PUNCTURE AND FREE INCISION.

(Under the care of Mr. TATUM.)

THE diagnosis of encysted tumours of the labia is generally easy enough, although they have been mistaken at times for a femoral hernia. Their long duration, movable character, true cystic feel, and the absence of impulse on coughing, will readily lead to their true appreciation. The methods of treatment in ordinary use consist of simple puncture, the seton, injections of iodine, and dissecting out the cyst. All these we have seen employed with success; but the mode for which a preference seems to be shown is the last, one strongly advocated by Mr. Baker Brown in his work on the Surgical Diseases of Women. Dr. Oldham employs the seton at Guy's Hospital with, it is stated, invariable success. This is not the rule in the other hospitals; for a fistulous opening has been observed to follow, which necessitated subsequent dissecting away of the remains of the cyst.

On the 20th of January, a woman, aged about thirty-five years, was admitted into St. George's Hospital, with a tumour of the right labium, as large as an orange, which had been growing for the period of ten years. It was pendulous, hung down between the thighs, and resembled a hernia; but its true nature was quite apparent. It caused the patient considerable inconvenience, and much interfered not only with locomotion, but attention to her ordinary avocations; it was at the same time an unsightly object.

On January 23rd, chloroform being administered, the cyst was punctured and emptied of fluid. The latter was of a dark chocolate-brown colour, of creamy consistence, and unpleasant odour, and no doubt contained, as Mr. Tatum supposed, degenerated blood (which may have impregnated a previously straw-coloured fluid), the result of some possible injury. In this respect it greatly resembled the contents of a hæmatocele in the male subject. The cyst was now slit up with a scalpel, as much of it being dissected away as could be got hold of, and the wound filled with lint, to heal up by suppurative action.

The patient is doing extremely well, and her radical cure is a question of a few weeks at furthest. She had not undergone any previous operation.

LONDON SURGICAL HOME.

ENCYSTED TUMOUR OF THE LABIUM; ABLATION OF THE ENTIRE CYST.

(Under the care of Mr. BAKER BROWN.)

WE think that most surgeons are agreed on the propriety of dissecting out the entire cyst, when circumstances will permit of it, for then the cure is complete. Mr. Brown urges the necessity of care being taken, in the after-dressing, to ensure a healthy granulating surface at every spot. This may be accomplished, he writes, either by dressings of dry lint, or by a cerate made of turpentine, oil, and resin cerate, equal parts; or by touching the surfaces with nitrate of silver.

A female, aged thirty-three, was admitted into the Home, in November last, with a cyst in the left labium, of the size of a pigeon's egg, which had existed for six years. She was in perfect health, and her limbs were remarkably well developed. Under the influence of chloroform, on the 14th of November, Mr. Brown carefully dissected out the entire cyst. This was an operation of some delicacy, as its walls were extremely thin. The fluid contents were of a light-brown colour. Her recovery was perfect in the course of a few days. Mr. Brown's experience, in a large number of cases, is to the effect that nothing short of removal is of permanent benefit.

WESTMINSTER HOSPITAL.

ENCYSTED TUMOUR OF THE LABIUM; REMOVAL OF THE ENTIRE CYST.

(Under the care of Mr. HILLMAN.)

IN the present instance, it was determined to dissect the cyst completely out, and this was an operation of some nicety, as the tumour was comparatively large (the size of an apple), and its walls thin. The patient was a woman aged twenty-eight years, who had been the subject of the cyst for several years. Under chloroform, on the 1st of October last, it was dissected away, but burst immediately before complete ablation was accomplished. The contents were a yellowish-green, watery fluid, with a most intolerable odour, and in bursting some of this fluid was ejected from the cyst to a considerable distance. Recovery was complete.

GUY'S HOSPITAL.

INTRA-UTERINE FIBROUS POLYPUS; REMOVAL BY DR. HICKS' WIRE-ROPE ECRASEUR; RECOVERY.

(Under the care of Dr. J. BRAXTON HICKS.)

MRS. A. J——, aged forty-three, admitted into Mary ward November 7th, 1861. She had been for two years suffering from violent menorrhagia and profuse leucorrhœa till about three months before admission. The uterus had been enlarged, which had been attributed to a fibrous tumour. On admission, the os was found thin, and distended to the size of a crown-piece, the cervix obliterated, and a tumour just within, evidently causing the distension. The uterine sound proved it to be a polypus.

A few days after entry, the patient was placed under the influence of chloroform, and removal was effected as follows:—The annealed steel rope was passed to the base of the polypus by the two canulæ, fitted with a wire loop passing up within each, which were then carried round the growth. The two ends of the rope were threaded through the eye of the shaft,

and one fastened to the traversing hook, the other to the fixed pin. Having withdrawn the wire loop, the canulæ were removed, and the screw was employed. The section was completed in a minute. The instrument having been removed from the uterus, the polypus was found rolling free within its cavity, and its extraction was easily effected by means of a pair of small midwifery forceps. The operation was completed in less than ten minutes. The patient was able to leave the hospital in a week, and recovered rapidly without a bad symptom.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

DR. COPLAND, PRESIDENT.

HYDATIDS OF THE BRAIN.

DR. RISDON BENNETT showed this specimen from a girl, aged thirteen, in St. Thomas's Hospital. Her history on admission was that for some months she had complained of headache, and recently she had had fits. She soon lost her vision, and had epileptic paroxysms. No other sense was impaired. There was a very temporary paralysis of the left side of the face. In time she lost power over her motions, and shortly after died. At the post-mortem examination, cysts were found in the liver; the other organs were healthy, excepting the brain, in which were two large hydatid cysts, one the size of an orange. This case was illustrated by a second.

FATTY DEGENERATION OF THE HEART.

Dr. DICKINSON showed this from a child convalescing from another complaint in St. George's Hospital. She was seized with sudden collapse, and died in three hours. The stomach was greatly distended, a hearty meal having been taken shortly before. No morbid condition was found afterwards, except a very marked fatty condition of the heart.

Dr. ANSTIE mentioned a case of death in a child five years old, after eating a very large meal, from embarrassment to the heart's action.

Dr. BRISTOWE thought that too much was generally attributed to a fatty condition of the heart. Many patients died from other diseases, and exhibited the fatty condition in a most marked degree, which had apparently had no share in the cause of death.

Dr. WILLIAMS inquired how long the patient had been dead, because it was well known that a fatty transformation takes place after death; and he was also inclined to agree with Dr. Bristowe that over-distension might be as likely to have caused death as the condition of the heart.

Dr. R. BENNETT thought he had seen two or three cases where death appeared to have been due almost entirely to over-distension of the stomach, causing fatal derangement of the heart's action, no organic disease being present.

Dr. COPLAND remarked to the same effect, and related a case which had occurred in his practice of dangerous angina pectoris due solely to the distension of the stomach with gas.

Dr. DICKINSON said, in reply, that he had examined the large vessels, and found no disease in them. He had not attributed death to the fatty heart alone, but to it in connexion with the distended stomach.

DISSECTING ANEURISM OF THE AORTA.

Dr. DICKINSON described this case, which occurred in a policeman of robust appearance and build. He was on duty all day as usual until the afternoon, when he felt sudden pain in the back, and partial loss of power in the lower extremities. He was sent to the hospital, and on examination a murmur was heard over the base of the heart, and a pulsation was seen behind the clavicle. He died in a few hours. The morbid conditions were described.

Dr. PEACOCK wished to know whether Dr. Dickinson was satisfied that the extravasation was between the middle and external coats, or beneath and into the middle coat. He inquired further also respecting the symptoms.

Dr. DICKINSON would make a careful examination of the anatomical point referred to.

ANEURISM OF THE AORTA.

Mr. T. HOLMES showed this preparation, taken from a man forty years old, admitted into St. George's Hospital with a pulsating tumour at the base of the neck. It was clear that aneurism existed there; but there were no obvious symptoms, slight pain excepted. It was a question whether surgical treatment should be applied, and, on careful examination, it was found unadvisable. He lived a year afterwards, and an aneurismal tumour was found to reach from the aortic valves to the axilla.

NODES OF THE FEMUR AND TIBIA, ASSOCIATED WITH DEPOSITS IN THE TESTICLES.

Mr. CANTON exhibited these specimens, which he had removed from a dissecting-room subject. The age was thirty years, and the cause of death stated on the certificate to be ascites. No history could be obtained. Cicatrices existed in both groins, and some inguinal glands were enlarged. Both thigh and leg bones presented well-marked examples of the effects of constitutional syphilis. The testicles were enlarged, of pyriform shape, and contained such large and numerous unorganized deposits, that little only of natural structure remained. No tubercles were to be discovered in any organs, or deposits similar to those which had to so great a degree replaced the normal tissue of the testicles.

WAXY OR AMYLOID DISEASE OF THE LIVER.

Dr. MURCHISON showed this specimen, which he considered to be a very good example of the disease. It was from a child with long standing hip-joint disease, who died in Middlesex Hospital. There was no tubercle in any part of the body. The whole head of the bone was destroyed. The liver was very large, weighing 69 oz. (one-seventh of the entire weight of the child), and was moulded over the adjacent organs; its consistence was dense. The spleen was similarly affected. The kidneys were very large also, soft, flabby, and the renal epithelium loaded with oil. Different statements had been made as to the anatomical site of the morbid deposit in the liver in these cases; Dr. Murchison believed it to be in the interior of the cells. Again, some thought the matter itself oily in character. Virchow believed it to be related to cellulose. There were some objections to this view: the chemical reaction on which this opinion depended was by no means constant in many marked specimens of this disease. Again, was there a relation between this condition and true fatty degeneration? In this case it was associated with fatty disease of the kidneys, and the same thing he had seen in another case; and in several other cases these conditions coexisted in different ways. As to the frequency with which this disease occurred, 23 out of 265 post-mortem examinations which he had made exhibited waxy degeneration. Dr. Murchison tabulated the organs and their precedence of attack, and also remarked on the greater prevalence of this disease among males as compared with females. The causes might be regarded as nutrition impaired by other diseases—syphilis, tubercle, cancer, &c.

Dr. BRISTOWE referred to a paper on this subject by himself and Mr. Ord, presented to the Society two or three years ago; and he might say that he could not discover the cellulose of Virchow. He detailed what he thought were the sources of error in Virchow's test.

Dr. HARLEY worked with Virchow in 1853, when this subject was under his consideration, and he called attention to the fact that cholesterine gave almost the same colour-results to sulphuric acid as to cellulose. There were differences, but not great. He did not attribute much to the test, and doubted the evidence of the existence of cellulose by the test referred to in the liver.

AMYLOID TUMOUR (?) OF THE BRAIN.

Dr. MURCHISON presented a preparation removed from a lad nineteen years of age, who died of phthisis. On examining the head, a tumour was found in the left cerebrum attached to the pia mater. No softening around it was seen. It was of the size of a cherry, very dense, and non-vascular. No juice nor cell-structure could be found. Under the microscope it appeared at first homogeneous, until placed under the highest power, when a few fine fibres came into view. No crystals of cholesterine were present. Iodine and sulphuric acid gave a bluish tint on several trials, and he was, therefore, inclined to refer it to amyloid disease, although with some hesitation, as hitherto he believed it had not been found in that form, but only as generally pervading the tissue of organs.

To be further examined by Drs. Bristowe, Harley, and Murchison conjointly.

CONTAGION BETWEEN TINEA TONSURANS AND PITYRIASIS VERSICOLOR.

Mr. HUTCHINSON believed that the tinea tonsurans of young children was capable of communicating pityriasis versicolor to the breasts of adults with which they come in contact. This belief was supported by a case which he described and showed drawings of.

In reply to a question from Mr. HENRY THOMPSON, Mr. HUTCHINSON stated that he founded his conviction, that these were not coincidences but sequences, on at least seven or eight cases, and in one case it had been artificially produced by inoculation.

Mr. HOGG thought, from microscopic observations he had made, it was quite true that many varieties of skin-disease were interchangeable.

Dr. ANSTIE wished to know whether pityriasis versicolor had been observed to be propagated as tinea tonsurans, as well as *vice versâ*.

Mr. HUTCHINSON had observed no facts of that kind in his researches.

Mr. TROTTER had seen many cases of pityriasis versicolor in his regiment; but he had never seen it prone to spread in that or in any other form.

Dr. HARLEY exhibited a specimen of

PRIMARY SOFTENING OF THE HEART.

A gentleman, aged above fifty, had died from the effects of extensive chronic pleurisy of the left side of the chest. At the autopsy, the heart appeared at first sight to be the seat of fatty degeneration. It was flabby, remarkably soft, and friable. On microscopic examination, however, it proved not to be a fatty heart, but an exceedingly good example of that rare form of disease described in Germany as primary softening of the heart, the chief peculiarity being the great tendency of the muscular fibres to fall apart, and break up into very small fragments.

Dr. HARLEY next showed (for Dr. NEWMAN, of Fulbeck) a specimen of

RUPTURED HEART.

The specimen was taken from a woman who suddenly expired while sitting at dinner. At the autopsy, about six ounces of serum were found in the pericardium in front of the heart. The rupture was externally of about an inch in length, and was situated in the front of the left ventricle, about two inches from the apex, and half an inch from the septum. At first sight the rupture appeared to involve only the outer part of the wall; but, on close inspection, a small internal opening was found. The muscular tissue of the heart was extensively affected with fatty degeneration, and this, Dr. Harley remarked, was almost invariably to be found in all cases of idiopathic rupture of the heart. He also observed, that while in idiopathic rupture the rent is nearly always, as in the present case, to be found in the left ventricle, in traumatic rupture its usual seat is in the right ventricle.

Reviews and Notices of Books.

Des Hallucinations; ou, Histoire Raisonnée des Apparitions, des Visions, des Songes, de l'Extase, des Rêves, du Magnétisme, et du Somnambulisme. Par A. BRIERRE DE BOISMONT. Troisième Edition. 1861.

THIS is a great book, replete with scientific knowledge, large erudition, and scholarly elegance of composition. We may say truly and conscientiously of it, that, without deviating one iota from the dignity of a work of science, it is as interesting as a novel. And how infinitely interesting is the subject of hallucination! the point at which madness and genius touch each other. The space in the "thin partition which divides great wit from madness" is translucent or altogether absent; so that it is not always possible to say where one begins and the other ends. "Hyperæsthesia of the sensibility," says the author, "is eminently needful in the creation of the greatest works of art; and when the exaggeration of the sensibility exists in a morbid organ, it is the germ of delusion and of hallucination." (p. 445.)

Painters and poets are not the only men of genius who are subject to hallucination, though they, perhaps, are most liable to be thus affected; but men eminently characterized by thought and action are not free. Luther certainly was one of the hallucinated; and if the demon of Socrates was not a convenient myth, like the Egeria of Numa, the great heathen philosopher must also come under this category.

Poets deal with hallucinations as if they were a common and substantial part of existence. Open the works of almost any of our greatest "makers," and we shall find abundant traces of the manner in which they made a world within themselves by that which we may call voluntary hallucination.

> "Audites? an me ludit amabilis
> Insania? Audire et videor pios
> Errare per lucos, amœnæ
> Quos et aquæ subeunt, et auræ,"

says Horace, in his Ode to Calliope. Shakspeare, the greatest of all poets, portrays hallucination with marvellous fidelity and power in all its phases and varieties. The vivid hallucination of dreams he puts in the mouth of the conscience-burdened Clarence, also into that of his terrible brother Richard, and into that of the guilty sleep-walking Queen. The hallucinations of waking guilt he depicts most forcibly as they wrought upon Macbeth, both before the perpetration of his crime,

> "When the dark forethought rolled about his brain,"

and afterwards, when the semblance of his victim came to push him from his stool. It appears to us as clear that Shakspeare intended to represent the appearance of Banquo's ghost as an hallucination, as it is that he intended to represent the first appearance of the King of Denmark as a reality. To put Banquo's ghost on the stage would seem to us as stupid and gross as to make the air-drawn dagger itself traversing space as an object visible. Banquo's appearance is such a one as is described by Macaulay—invisible to everyone but the hallucinated himself:

> "He sees a hand we cannot see, which beckons him away;
> He hears a voice we cannot hear, which says he must not stay."

In the *Tempest* there is also a fine description of hallucination, in which a sense of guilt plays a large part, and which tends to cause the hallucinated to seek refuge in suicide:—

> "GONZALO. I' the name of something holy, sir, why stand you
> In this strange stare?
> ALONSO. O, it is monstrous! monstrous!
> Methought the billows spoke, and told me of it;
> The winds did sing it to me; and the thunder,
> That deep and dreadful organ-pipe, pronounced
> The name of Prosper; it did bass my trespass.
> Therefore my son i' the ooze is bedded, and
> I'll seek him deeper than e'er plummet sounded,
> And with him there lie mudded."

The hallucinations of mania and of delirium he depicts with terrible power in Lear and in Cardinal Beaufort.

Painters may, even more than poets, be said to study hallucinations subjectively. Every picture voluntarily painted

> "In my mind's eye, Horatio,"

is the prototype of an hallucination; when such a picture comes unsolicited it is an hallucination. M. Brierre de Boismont gives an instance of a portrait painter who had developed in a remarkable manner this faculty of reproducing an object in the mind's eye, so that after the first sitting of the person on whose portrait he was engaged he could by an effort of will reproduce the visible appearance of the individual. In a certain degree this faculty is by no means uncommon in painters, and it would seem to be referred to in Tennyson's lines, where he describes the manner in which the gentle Eloine reproduces to her mind's eye the image of the great Sir Lancelot:—

> "And all night long his face before her lived;
> As when a painter, poring on a face,
> Divine y through all hindrance finds the man
> Behind it, and so paints him that his face,
> The shape and colour of a mind and life,
> Lives for his children, ever at its best
> And fullest; so the face before her lived,
> Dark-splendid, speaking in the silence, full
> Of noble things, and held her from her sleep."

We can well believe that many painters, whether of portrait or of landscape, habitually exercise the power of visual

conception to a degree when it verges upon hallucination—using the term as M. Bierre de Boismont uses it, and as we think it ought to be used, not in the narrow sense of a symptom of disease, but in the wider and more philosophical sense of vivid conception, and which we do not even think need necessarily be involuntary. Hallucinations, no doubt, almost always are involuntary; but it would not seem to be a necessary element in them that they should be so. If we remember rightly, indeed, Ben Jonson called up the images of his little men at pleasure. The essential thing is not their voluntary or involuntary production, but the force and distinctness of the apparent sensations; and in this, no doubt, there is every degree, from that which represents the picture in the mind—in form as definite, and colour as vivid, as the objective reality of nature—to the faintest representations of artistic memory. We dwell upon these rudimentary forms of hallucination, which some of our readers will scarcely admit to be hallucination; for it is the genesis of the process which forms the most instructive and most interesting subject of inquiry; and it constitutes a great merit of M. de Boismont's work, that he institutes a searching inquiry into the effect attributable in the production of hallucination to such influences as moral epidemics, prevailing belief either of a religious or superstitious kind, and to the educational and social influences which vary in the different ages and races of mankind. A philosophical analysis often succeeds in bringing things apparently very different under the same category, and in separating very widely things which at first sight appear to be much alike. Who, for instance, would dare to designate as an hallucination that apparition of a hand at which a king and his court stood aghast in dismay as in letters of fire it wrote the doom of a nation on the wall? And who would dare to compare this to the appearance of the hand of the Emperor Napoleon recently evoked by a Yankee speculator in credulity to astonish and amuse the imperial nephew? and which, if not a miracle, must have been either an hallucination or a miserable trick!

The diagnosis of hallucination from the phantasmagoria of deception is by no means an easy task; for there can be no doubt that some of the more skilful impostors, who have pulled the strings of the puppet-shows pretending to exhibit glimpses of the spirit-world to mortal eyes, have operated at least as much on the minds of their victims as on their senses, and have thus produced not merely optical spectra, but real hallucinations. In the erudite and philosophical paper on Animal Magnetism, by M. Maurey, which recently appeared in the pages of *La Revue des Deux Mondes*, the *rationale* of this intentional production of hallucination on susceptible subjects is examined with much ability. There are, however, some hallucinations which admit of no rational explanation, neither on the theory that the person subject to them is insane, nor that he has been biologized,—that he has been simply deceived, nor even that a ghost has really appeared to him. Of this kind is "Mr. H.'s Own Narrative," published in No. 128 of *All the Year Round*, and authenticated by Mr. Charles Dickens himself, and which, therefore, in its claim on our belief stands on a very different footing from an ordinary ghost-story, even to any acknowledged ghost-fiction told with all possible verisimilitude of circumstance as that written by De Foe, the man who, of all others, could dress up a lie to look like truth. "Mr. H., a real existing person, and a respectable gentleman," as Mr. Dickens describes him, tells the circumstances of the story as having happened to himself. He is a portrait-painter, and the gist of the tale is, that the spirit of a certain lady who has departed this life is most anxious to obtain from his brush a portrait of herself, to console the grief that her father feels at her loss. Those of our readers who have not read the story had better refer to it, or they can have no idea how uncommonly like a living lady a modern ghost can make itself appear. "The thing," as our superstitious fathers would have called it, had a very agreeable voice, and liked to feel the breeze on her cheek. She was a young lady of two or three and twenty, "rather handsome than beautiful," with an uncommonly pretty foot, and was "decidedly and agreeably conversational." Well, she travelled by train with the gentleman, dined with him at his friend's house, pursued him to his own studio, talked to him for three-quarters of an hour at a stretch, with a "kind of confidential reliance in her manner when she listened" to him, which would almost indicate a design upon his earthly affections. Of course, at last the portrait was duly painted, and cured her father of insanity. This certainly is a vast improvement upon the old kind of ghost, swathed in grave-clothes, and smelling of the charnel-house—bah! But "it" had dangerous propensities notwithstanding. By some mysterious influence, it made Mr. H—— write the name of her father, a man of whom he had never heard, instead of the name of a friend to whom he was addressing a note. Now if the spirits of departed young ladies can, by mysterious mental suggestion, compel us, against our knowledge and against our will, to write one name instead of another on one piece of paper, they may compel us to do it on another piece of paper; they may possibly make us commit serious forgeries, and then where should we be? And besides this dangerous potentiality on others, the charming ghost, scented with jockey club or millefleurs, or with its own sweet breath, was (tell it not in Elysium, where it must dwell!) itself a thief; it had gone to the house of its sorrowing papa, and had abstracted therefrom an engraving from a certain book, which it had carried all the way from a provincial town (Lichfield is indicated) to London, there to give it to its favoured painter. In the progress of events this engraving is taken back by the painter, and recognised and claimed by the departed lady's sister, and fitted by her to the book from which it had been abstracted, just as a stolen cheque might be fitted to its foil. And if departed ladies steal engravings, why may they not have the power to steal anything else? If they may spirit off a paper, why may they not spirit off a parchment, and become mediums of transfer very perplexing to those who consider the possession of documents an important element in the ownership of property? If papers can be thus extracted by ghostly fingers, and travel about the country in the reticules of departed ladies, lawyers must really give up all faith in lock-makers, and, to protect themselves against such conveyancers, must bar their strong-rooms with holy water and exorcisms.

We commenced this notice with the intention of giving an analysis of Dr. Brierre de Boismont's admirable work, and we have flown off at a tangent on the general subject, and have only left space to inform our readers that this (the third) edition of the "Histoire Raisonné des Hallucinations" is to a great extent a new work, so largely has it been remodeled and improved. The twelfth chapter especially, on the causes of hallucinations, is mostly new, and is, perhaps, of all the chapters of the highest value to the alienist physician. The fifth chapter, on the hallucinations of insanity; the seventh, on those produced by toxic agents; the tenth, on the hallucinations of dreams; the eleventh, on the hallucinations of ecstasy, somnambulism, and magnetism; and the seventeenth chapter, on hallucinations in their relation to medical jurisprudence, are for the most part new.

HOSPITAL DEFECTS.—Dr. Eason Wilkinson and Mr. George Southam have concluded a report (after the inspection of various metropolitan and continental hospitals) as to the sanitary condition of the Manchester Royal Infirmary. They state a belief that the disadvantages in bringing under the same roof several persons suffering from diseases and injuries bear no comparison with those which are encountered in the miserable dwellings of the poor; but that some hospital defects may be remedied by the formation of and removal to convalescent establishments, and by providing, as in most of the continental hospitals, day wards, where those patients who can leave their beds can take their meals and spend their time in useful and pleasant occupation.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 1, 1862.

THE long-drawn-out WINDHAM case is closed at last. Throughout proceedings protracted beyond all precedent we have steadily refrained from current analysis or comment. We have been unwilling to anticipate that decision to which almost every man of practised experience in the world had arrived, but which it was the prior if not exclusive privilege of the jury to pronounce. But now that all the witnesses have been heard—that the counsel have exhausted themselves, and well-nigh so much of Felbrigge, too, as had escaped the waste of the spendthrift heir—that the Master has summed up, and the jury have delivered their verdict, the time has come for a calm medical examination of the case.

In tracing the features of Mr. WINDHAM'S case, we do not intend to analyze the mass of evidence at all minutely. The great bulk of that evidence is totally irrelevant to the question at issue. The petitioners by their witnesses drew one picture of their relative; the witnesses for the defendant drew another, the outlines and colours of which differed so widely that, looking at each separately, they appeared as the likenesses of two individuals. It is scarcely necessary to balance the degrees of credibility of the two sets of witnesses. Although both saw the same boy and man, they differed more in their interpretation of the acts they saw than in their relation of the acts themselves. It is not necessary to discredit any fact vouched for on either side by respectable witnesses in order to arrive at a consistent idea of the character of Mr. WINDHAM. Many of the witnesses brought up against him entertain the vaguest notions as to what constitutes insanity in a medical and legal sense. What these persons deem proofs of insanity is of little moment. Taking the character and history of Mr. WINDHAM from both sides, we find an only son, reared in early childhood in the country by indulgent parents, the father being described as a coarse and passionate man, treating his child with alternate neglect and fits of foolish indulgence. As a boy, he was full of hereditary animal spirits, with no taste for study, but exulting in boisterous and active exercise—a boy, in short, who could not be kept still; he was allowed to assist the servants, and, to make the pastime look more real, his father put on him at times a page's livery. About this time he was seen by Mr. NICHOLS, the surgeon, who remembers—with some variation as to the boy's age—that he then traced in his physical and mental features the evidence of imbecility, and prophesied that he would grow up an idiot. The lad "slavered," ate voraciously, was untruthful, excitable, idle, but withal fond of violent exercise, demanding skill as well as bodily strength. And so he grew up, turned over from one tutor to another, going to Eton, "coached" into the fifth form, doing a little Latin and French, arithmetic, including vulgar and decimal fractions, but not mastering a proposition in Euclid, and giving a world of trouble, no doubt, to those who had charge of him. But then he knew he was heir to Felbrigge and Hainworth. As far as the observation of his youth and immediate examples went, he had not been led to form a very exalted notion of the accomplishments expected of a country squire. Roaming near and far over his native county he had at any time been accustomed to see mansions deserted and estates impounded through the early dissoluteness of their owners. As he approached the epoch of his majority, the prospect of freedom from personal restraint, with the possession of wealth, gave a new impulse to sensual passions, that gained in power—as is not uncommon at that age—much faster than did his moderate mental faculties. He easily concluded that it was "rather the thing" for a young county celebrity, with a handsome estate, to live a little fast; to marry a "pretty horsebreaker;" to drive railway engines; to play the guard and policeman; to cut a figure in the Haymarket; to spend his money like a gentleman—at least like many gentlemen he knew—and then to cut down his timber to raise the wind. In doing all this, what had he done? When doctors came to question him as to what he thought of his conduct, he very naturally, and not unjustly, replied that other gentlemen had led dissolute lives, beggared themselves, sacrificed their estates, married prostitutes, driven railway engines, and all without being thought insane.

Here, in fact, is the whole case, which a dozen barristers and a cloud of witnesses of all sorts have expended thirty-four days in elaborating. There is no allegation of delusions, hallucinations, mania, or any of the ordinary manifestations of insanity. It is simply sought to deduce insanity from evidence of folly, of vice, of recklessness, of waste of property. The only vestige of a scientific ground for raising a presumption of idiocy or imbecility lies in the peculiar conformation of Mr. WINDHAM'S mouth, and in his habit of slavering. If it be granted that this conformation and this habit be frequently found associated with congenital idiocy, it does not prove idiocy in Mr. WINDHAM. This is the structure of his mouth as closely described by Mr. HANCOCK:—

"The upper jaw is exceedingly narrow, and drawn so near to a point in front that there is room for only two teeth. It measures rather less than an inch from one front molar to the other, whereas the average width of well-developed jaws is from an inch and a half to an inch and three-quarters. The roof of the mouth is extremely lofty, and shaped like a pointed arch. The depth from the soft palate to the back of the throat is unusually great."

That this structure would render it difficult to retain the saliva, and impart a peculiarity to the voice and laugh, there can be no doubt; but it is by no means incompatible with perfect sanity. We ourselves are acquainted with a gentleman of fair intelligence, of exemplary conduct, and very successful in his intercourse with men, who exhibits a similar deformity. To impart any pathological importance to this structure of the mouth, other attributes of idiocy must coexist. Now it was not attempted to show that Mr. WINDHAM'S cranium was small or imperfectly developed. His physical powers are very great, and so perfectly co-ordinated that he excels in feats of dexterity requiring quick and accurate perception and the most perfect muscular control. Joined with this remarkable physical development, there is a degree of mental capacity altogether beyond the standard of idiots. That some idiots are capable of receiving instruction to a certain point is well known; but it may surely be said that idiots do not work their way to the Eton fifth form; and we agree with Dr.

CONOLLY that no idiot ever wrote such letters as those by Mr. WINDHAM which were produced in court. But, having the whole body of evidence before us to guide us in arriving at the conclusion that Mr. WINDHAM is not insane, it is right to admit that before the evidence for the defence had been elaborated, the case was by no means free from difficulty. As a boy, and as an adolescent, he was notorious for a certain wildness of conduct that passed the ordinary bounds of youthful effervescence; and when, growing older, he broke loose from all the restraints of decency, running a career of senseless eccentricity and profligacy, those connected with him might well be excused for seeing in this career the realization of those fears which his childhood had excited. Nothing can be more fair and more temperate than the exposition of his case given by Drs. MAYO and FORBES WINSLOW. We cannot share their opinions; but they are certainly less open to the charge of overstating their case than are some of the witnesses called on behalf of Mr. WINDHAM.

Mr. WINDHAM is not a paragon of virtue, nor conspicuous for wisdom. His proper settlement may perhaps be found in the border-land between sanity and insanity. We shall not be proud to welcome him as a denizen of the land of Healthy Mind. But we cannot find it in our hearts to banish him to those dreary realms which lie beyond the limits of rational and free humanity.

The case is one of a large class that have often raised a strong desire to introduce legal powers of restraint of a modified character from those which apply to clear insanity. It is a matter of sad and familiar experience that ruin as disastrous, wretchedness as wide-spread, disgrace of families, ensue from habits of drunkenness, or from certain vices of character akin to, yet not recognised as lunacy, as result from the most overt madness. We have often insisted that the welfare of society, not less than the safety of individuals, demands some power of this kind. The case of Mr. WINDHAM is one that lends force to the argument. It is not fair reasoning to contend that the property he has wasted was his own to do what he liked with. There are high social, moral, and national duties attached to the inheritance of property. An heir is a trustee rather than an absolute owner. The estate was none of his earning. The traditions, the status, the hopes of a family centre in it. The comforts, the well-being of a large tenantry are intimately affected by the conduct and example of their landlord. As he received the estate, so he is bound to transmit it.

Yet the short career of Mr. WINDHAM may be matched, or even surpassed in folly, by that of many against whom the suggestion of lunacy has never been uttered. Who does not know how deeply the blue blood of nobility has been stained in some of its streams by pollution from the foulest sources? How many fair estates have lain for years denuded of timber, half cultivated, and deserted by their owners, through the profligacy of youth, perhaps through the habitual vice of maturity? In his native county, in his immediate neighbourhood, in his own circle, Mr. WINDHAM might find many examples of lives notorious for immorality and for all unprofitableness.

The error running through this lamentable case seems to be a blind or perverse confounding of vice with insanity. That the two afflictions have their affinities is undoubted. But that they are essentially distinct in their psychical and organic origin and nature is a truth that has been recognised since the days when the science of Medicine was divorced from the profession of priestcraft. It is little short of an outrage upon civilization to attempt to consolidate them again. In no other way can an attempt so extraordinary be accounted for, than by reflecting upon the proneness which most family disputes manifest to become intensified and embittered to a degree that distorts perception and oppresses the judgment. That the immediate relatives of Mr. WINDHAM should be exasperated at the spectacle of an ancestral estate, around which clung the memory of the past and the hope of the future, squandered amongst the most worthless classes of London society, is an intelligible thing. Some men will even look with sympathy upon the determination of a scandalized family to invoke the arm of the law to arrest a career that was leading to swift and irremediable ruin and disgrace. It was natural, it was justifiable, that they should regard the headlong pursuit of infamy and ruin as the course of a madman.

The points of medico-legal interest raised in this long-drawn-out inquiry are few. No one believes or asserts that Mr. WINDHAM'S sanity could have been called in question had not the waste or disposal of property been involved. The argument taken by the petitioners' counsel, indeed, was not that Mr. WINDHAM was incompetent to manage his affairs because he was insane, but that he was insane because he could not manage his affairs, which, in vulgar metaphor, is putting the cart before the horse. The inheritance of property, indeed, has, in more ways than this, been Mr. WINDHAM'S greatest misfortune. It doomed him to early neglect, to the indulgence of passion; it nurtured in him those habits and moods of thought which now form the basis of the charge against him. Happy might it have been for him had that occupation of a railway guard which he sought from very wantonness, in the desperation of an active mind craving energetic work, been his inherited lot. Had it been a predetermined object to build up a case for a commission of lunacy, it would have been hardly possible to devise a better adapted scheme than is set forth in the history of the education of the heir of Felbrigge. Still the natural organization of the spoiled child, weak enough to fall under the allurements of vice, resisted the invasion of mental disease. To some he might seem to have overstepped the boundary line; but although he had tempted and provoked the enemy to the uttermost, the physical organization with which he was endowed was not to be overcome. Legally and medically he remained of sound mind, if not sound in any other sense.

The points alleged in support of the proposition of the petitioners possess no marked scientific interest. It is only in their aggregation, in the interpretation forced upon them, and as an illustration of the facility which the law, or lawlessness, of lunacy offers for instituting proceedings in lunacy, and in carrying them to that point where, all the property being swept up into blue-bags, the sanity of the beggared subject of the Commission has become of no further consequence, that these facts challenge the attention of the public. It is worth while for a moment to dwell upon the futility of recent legislative endeavours to check the abuses that have so long disgraced the law, or the practice, of lunacy. Enactments have been expressly framed in order to protect the property of lunatics and alleged lunatics, and, wonderful to relate, to diminish the expenses of lunacy commissions. The WINDHAM case will long

remain as a standing monument to commemorate the triumph of that great principle of law which declares that the only limit of litigation is the lack of guineas to pay the fees. It is only *de minimis* or rather *de nullis bonis*, that the law is careless.

Some who take an interest, genealogical or medical, in the transmissibility of moral qualities through succeeding generations, may be glad to learn that the intellectual qualities of the great Norfolk statesman are not reproduced, in howsoever degenerate a manner, in the individual who inherits the estate, and bears his historical name. The famous WINDHAM transmitted his name and fortune to a family named LUKIN. The late Admiral WINDHAM was one of this family. The fact is, no LUKIN has been able to acquire the intellect of a WINDHAM by donning this illustrious name. It is not fair to test a LUKIN by the old WINDHAM standard. That mould has long been been broken up. That the unfortunate Mr. W. F. WINDHAM is not distinguished for moral and intellectual superiority may be true; he may not be exactly a Triton amongst minnows; but as a LUKIN amongst LUKINS he may pass.

PARLIAMENT reassembles on the 6th of February. The session promises to be one of rather more than usual interest, principally on account of the settlement of questions relating to international law. We have reason to believe that the sittings of the Medical Council will be resumed at an earlier period this year; and we venture to express the sanguine hope, in remembrance of the promise made by the Chairman of the Medical Acts Amendment Committee (Dr. D. J. CORRIGAN) to the National Registration Association last year, that another session may not elapse without the earnest endeavours of the Council to pass through Parliament an Amended Medical Act. Surely the strong opinions then enunciated by the Association, supported as they were by petitions, ordered to lie on the table, from practitioners occupying the principal towns in the kingdom, and bearing thousands of signatures, will have their due weight, as testifying that the Medical Act of 1858 has failed to accomplish the object for which it was framed. Let us for a moment glance at what the Medical Act has effected. The *saving* clauses of the Act are as follows:—The 32nd Clause prohibits any but *registered* persons "from recovering "any charge in any court of law for any medical or surgical "advice, attendance," &c. No unregistered person, according to the 36th Clause, can legally hold any appointment; and the 37th Clause declares no *certificate* to be valid, signed by an unregistered person. With regard to this latter clause, we are distinctly of opinion, that as no instructions have yet emanated from the Registrar-General at Somerset-house to the registrars of deaths, &c., pointing out the implied, if not expressed, meaning of the 37th Clause, the President of the Medical Council should be requested to communicate with the Registrar-General in reference to this matter. It may not in every case be possible to obtain a medical certificate of the cause of death; but there is no good reason why the certificate of an unregistered practitioner should not always be treated merely as information received from non-professional persons. The 40th (prosecuting) Clause it is not worth while to dwell on, or in any way consider; it may simply be denominated "a delusion and a snare." Now it is needless to state that the medical profession, numbering about 20,000, demand at the hands of the Council and of Parliament a more perfect piece of legislation; and we recommend that the solicitor of the Council be at once consulted as to the amendment necessary for the effectual working of Clause 40, and such other alterations as may be required, so that it will be necessary only for the Council, at the early stage of business, to ratify the same, in order that another year may not be lost before the passing of an amended Act. By so doing they will deserve the warmest thanks of the profession at large. Far be it from us to underrate the services already rendered on that all-important subject, education. The happiest results must accrue from the same; but, nevertheless, we hold it as an act of injustice, whilst increasing the severity of the ordeal through which it is now necessary the student should pass, that on becoming qualified, he should not receive the same protection which is accorded to members of other professions.

Medical Annotations.

"Ne quid nimis."

WINDSOR DRAINAGE.

ANY announcement that the Windsor Town Council, who are the clients of Mr. Voules, have changed their views as to the inutility of ventilation of their sewers will be received with general satisfaction, and meanwhile it must be looked for with some impatience. It is certain that we cannot contemplate with tranquillity the return of the Court to the Castle until that improvement shall have been made. We pointed out, when Mr. Voules published his reassuring circular, that he slurred over the main point at issue. It was not a question whether drains were well constructed, ample, well arranged as to gradient, and fairly flushed. The chief defect of the Windsor drainage was that it wanted ventilating pipes—that the sewers were, in fact, ventilated into the houses. We asked whether this defect, to which the former fatal epidemic of typhoid fever had been attributed, had been remedied; or whether the Town Council's opinion that this was of no consequence had prevailed. Mr. Simon, on behalf of the Privy Council, has repeated these questions in a letter of some length, in the course of which it appears that so late as the spring of 1860 the same radical fault was reported to exist by Mr. Austin, the Government surveyor. The Town Council had been so wise in their own conceit that they could not profit fully by their severe lesson, and, says the report to the Privy Council, "there remains still the same want of proper ventilation of the sewers and house drains as before." Well, has that fertile cause of disease been removed? It has not. In a report from the Town Surveyor of Windsor, dated Jan. 16th, 1862, we read:—

"In the spring, 1860, Mr. Austin again visited the Borough for the purpose of ascertaining how far his suggestions had been carried out, and on that occasion expressed a desire to have ventilating shafts introduced at the head of each sewer immediately in front of the flushing tank. I pointed out to him the impracticability of this being effected in every instance, and showed him several places in which rain-water pipes were introduced, and act as ventilators. The subject was brought under your notice, and after full consideration it was not deemed advisable to introduce any more ventilating pipes. Your main trunk sewer has several shafts brought up to the surface. This was done during the construction of the works by Mr. John Roe, and considered sufficient for the purpose of allowing the gases to pass off."

What the Town Council of Windsor think undesirable and the Town Surveyor deems impracticable is well known to be essential to health and highly practicable. If the Town Surveyor cannot suggest the plans for necessary ventilation, there

are plenty of surveyors who can. This is a national matter, and one in which we cannot consent to be baulked by small municipal blindness or engineering obstructiveness. The Windsor sewers *must* be ventilated before the Court returns to the Royal residence there.

THE BRITISH PHARMACOPŒIA.

WHEN will "The British Pharmacopœia" be published? is a question constantly being asked. The necessarily vague and unsatisfactory replies we are compelled to make, induce us to present the following statement of facts drawn from the published minutes of the Medical Council:—

On the 24th of November, 1858, the following committee was appointed to prepare and publish "The British Pharmacopœia" with all convenient speed:—Dr. Christison, Sir J. Clark, Bart., Dr. Apjohn, Dr. Williams, Mr. Nussey, Dr. Thomas Watson, Mr. Green, Mr. Syme, Dr. Andrew Wood, Dr. Leet, with power to add to their number; Dr. Christison to be convener, &c. &c.

"Resolution 5 of the Minutes.—That a sum of £500 be voted by the General Council from the registration fees of existing practitioners, in order to defray the cost of preparing the Pharmacopœia for printing.—Carried."

Dr. Christison, at the meeting of Council in "1859," on presenting the report of the committee, begins by saying that the "committee commenced operations near the end of December;" and his concluding remarks are:

"Since the Convocation (English, Irish, and Scotch) met, in *the beginning of May*, the sub-committees having completed a considerable amount of work of detail, the list of the various articles of the Materia Medica has been agreed on and arranged, and many of the groups of the preparations are *now almost completed*."

At the meeting of the Council in "1860," Dr. Christison concluded a lengthy report as follows:—

"A portion of the Second Part of the Pharmacopœia has been set in type, for the purpose of being submitted to the committee. Having passed over in review the work which has already been accomplished by the Pharmacopœia Committee, it remains to be shown what is still incomplete, and the probable time required for its completion.

"To complete the Second Part of the Pharmacopœia, *a few weeks only would be required*, as far as the sub-committees are concerned. The First portion of the work might probably occupy a month or two longer, requiring some points to be arranged by conference. And, lastly, the Appendix—which will contain the substances employed only in the preparation of chemicals, but not themselves used as medicines, together with the tests for the detection of the qualities of drugs—might be estimated to *occupy about a month*.

"Should the sub-committees continue to work diligently, it is probable that the work might be prepared for press *by the middle or latter end of November;* but, to ensure this, it may be necessary that at least one meeting of the General Committee, formed by deputies from the different sub-committees, should be held previous to that time."

At this meeting of the Council, "the further sum of £500 was voted in addition to the vote of Nov. 24th, 1858, towards defraying the current expenses of the Pharmacopœia Committee."

We then come to the sittings of the Council in "1861," when Dr. Garrod, Secretary of the Pharmacopœia Committee, reports as follows:—

"During the period which has elapsed since the meeting of the Council in 1860, the three divisions of the Pharmacopœia Committee have persevered in their labours, and the manuscript of 'The British Pharmacopœia' is approaching completion, and will very shortly be ready for press," &c.

Dr. Garrod's report concludes thus:

"The Council will be enabled to appreciate the labour of compiling 'The British Pharmacopœia,' and the cause of its somewhat tardy appearance, when it is stated that every preparation contained in the work has been made, often repeatedly, and each process practically examined; and it is the hope of the committee that 'The British Pharmacopœia' will be found worthy of the sanction and approval of the General Council."

There, that is the history of "The British Pharmacopœia!" Now, the profession fully expected that in preparing a work requiring so much care and nicety a considerable time must elapse; the delay that has occurred is rather beyond even our professional long-sufferance. We hear constant grumblings at the continued delays, and the very unsatisfactory reasons given for them. We trust that, after all, the expectations raised may not be disappointed; but it is an old and true saying, that they who are good at excuses, are seldom good at anything else.

A FITTING TESTIMONIAL.

IN reading of the presentation of testimonials, one is often reminded of that illustrious wit, who, in the absence of invitation from others, was in the habit of nodding to the flowers, and taking wine with himself. There are testimonials which savour more of friendship than of discrimination, and which belong to the order of that celebrated plated coal-scuttle, to which it was thought so much to the honour of the Hon. Mr. Slumkey to have largely contributed, in his own behalf, through some friends of his butler, while modestly veiling his generosity behind that of his constituents.

It is satisfactory to-day to have to record a testimonial of a very different kind—one which springs from the deep convictions of a large body of medical practitioners and distinguished laymen, and which is justly offered to a physician who has successfully laboured to promote the interests of provincial practitioners, and the consolidation of the various ranks of the profession. Sir Charles Hastings has shown what energy, integrity, and a desire to be of public utility may effect for the general good, under circumstances of some disadvantage. Without favour, and by no stroke of fortune, he has acquired an influence and a position which he has used unexceptionally and uniformly for the benefit of his provincial brethren. There can be no question that the medical profession generally, no less than his native town, owe a debt of gratitude to Sir Charles Hastings, and the very handsome testimonial with which he was presented by the Lord-Lieutenant of his county at a large meeting of medical practitioners, noblemen, and gentlemen, only expresses the general feeling of his public and private merits.

SENTENCE ON A NAVAL SURGEON.

A COURT MARTIAL assembled last week at Portsmouth to try Joseph Caldwell, Esq., Staff-Surgeon of her Majesty's ship *Cæsar*, at Portsmouth, on two charges. Capt. Mason, of the *Cæsar*, prosecuted; and Mr. Wallis appeared as prisoner's "friend."

The first charge was "That the said Joseph Caldwell, being in actual service and full pay in her Majesty's Fleet, and doing duty as staff-surgeon on board H.M.'s ship *Cæsar*, did, on or about five P.M. on Dec. 20th, 1861, use provoking language tending to made a quarrel and disturbance by twice saying in the ward-room of the said ship, many of the officers being present, 'That any member of the mess who said, or who implied, that he wished to get out of any bet that he had made, was a liar and a blackguard, and he would prove it,' or words to that effect. Secondly, that prisoner did at the same time and place use provoking language to Lieut. J. C. Pattison, of the same ship, by saying to him, 'You lie, Sir; you lie!' such language tending to cause a quarrel and disturbance."

The affair, it appeared from evidence, arose out of a bet having been made between prisoner and one of the lieutenants in reference to the time the ship would take to reach the gut of Gibraltar. An apology (produced by Lieut. Pattison) was tendered to the members of the mess by the prisoner, and was accepted by sixteen of them—two only refusing to acknowledge

it. It also appeared that Lieut. Pattison wrote to Capt. Mason asking him to withdraw the charge, as he was satisfied with the apology.

The Court, after deliberating about an hour and a half, found the prisoner guilty on both charges, and he was sentenced to be dismissed her Majesty's Service.

We cannot but think that the sentence is hard and oppressive. It is certain that under any provocation no man has the right to give the lie to another under insulting conditions; but it is clear that there was provocation here, and it is a stern measure of justice indeed that for an angry word spoken in a mess-room, under the smart of painful insinuations, a gentleman should forfeit the benefit of his long previous services, be dismissed from the Royal service, and deprived of his honourable position and livelihood.

In this case the most ample apologies were offered and accepted, and so the wrong wiped out and condoned. How often has such an angry word been spoken in mess-room and club, and an ample apology has always been held to atone for the offence and heal the wound of the most sensitive honour. If it were necessary to inflict some punishment, then surely some minor sentence, such as being placed at the bottom of the list of surgeons, and consequent loss of promotion, might have sufficed. We repeat that the sentence is oppressive, and therefore unjust. It will grate harshly on the feelings of the civil profession, to whom it must convey an ominous warning.

WINCHESTER FILTH.

WINCHESTER exhibits just now the strikingly unpleasant spectacle of a town enamoured of its own impurities. It is devoid of drainage; nuisances of all kinds abound in every part of the city. Every sort of contamination is found at the doors of the inhabitants. Here are open and offensive gutters, gratings, and ditches running down with liquid refuse of the most offensive description; here are innumerable privies and dead wells communicating with large cesspools, of which many have free communication with the atmosphere, and infect all the surrounding air and water. In some places, says a report recently published, there are no "means of obtaining water upon the premises, while in the Brooks and elsewhere it is not an uncommon thing for the same stream to be the receptacle of all kinds of filth and the only supply of water for domestic purposes." It is stated in an extract from a late report of a committee of the Town Council:—

"Each spot we visited revealed new abominations, and we considered it would be idle to particularize every place where all is objectionable; yet we cannot help referring to those blocks of houses situate in the Square, Kingsgate, the Brooks, and several parts of the High-street, where the open privies are either contiguous to, or in the cellars of, the houses.

"We find the filth of 13,000 inhabitants has been accumulating for years at the thresholds of our houses; and we believe that the partial removal of soil by night-carts is offensive, expensive, and ineffectual; because the ground adjacent to the pits is saturated with the liquid portion, which, in several instances, finds its way into cellars and yards situated at considerable distances from the pits.

"From this description of the city, (which we regret to acknowledge is not an exaggerated one,) we can come to no other conclusion than that much of the disease which afflicts the inhabitants is preventable by proper sanitary arrangements; and as the only objection urged against the adoption of these necessary means is the expense, the committee would respectfully suggest that great expenditure is entailed by disease, destitution, and death, the constant attendants of a polluted atmosphere and impure water."

The main part of the drainage might be effected at a cost of probably less than £1000 to the town. It is indeed incredible and disgraceful that certain members of the Town Council, unmindful of the great issues of life and death concerned, careless of the desolation which their unblest thrift entails and will entail on many families, regardless of the present excess of disease and mortality, and ignorantly fearless of the scourge of future epidemics, have refused and still refuse to take the preliminary steps for an improved state of drainage, and have even obstinately resisted the demand for an inquiry by a Drainage Committee of the inhabitants, which comprises all the clergy and dissenting ministers, all the medical practitioners and heads of educational establishments, with a majority of the respectable ratepayers. This persistent deafness, which refuses even to listen to demands for inquiry, must be overcome. These members must yield, or Winchester must amend its municipal representation.

THE CONCLUSION OF THE WINDHAM CASE.

AFTER an inquiry protracted over thirty-four days, the Windham case has been concluded. The examination of the alleged lunatic extended over four hours. The ordeal elicited nothing in support of the case of the petitioners. The jury, after a brief consultation, returned a verdict, finding Mr. Windham a man of sane mind and competent to manage his own affairs. The jury, it is reported, were not unanimous.

ST. THOMAS'S HOSPITAL.

THE Governors of St. Thomas's Hospital have again been active in the law courts this week. Vice-Chancellor Wood, after hearing the arguments of both sides, enlarged the injunction which he had provisionally granted to restrain the Charing-cross Railway Company from entering upon a part of the land attached to the hospital, and from continuing works commenced by them. The prohibition was continued up till the end of June, on certain technical grounds which it is unnecessary here to detail. On Wednesday, however, the Railway Company carried the matter by appeal before the Lord Chancellor, who interposed, and suggested that it was desirable that litigation should not go on between the parties any further, as the stopping of the works of the Company might involve a serious loss to them, as well as some public inconvenience, and therefore some arrangement ought to be come to between the parties. It was accordingly arranged that the workmen of the defendants should be allowed to proceed with the works on the piece of ground to which the dispute related, the Company guaranteeing that due care should be taken that the comfort of the inmates of the hospital in the wing abutting on the piece of land should not be interfered with. This arrangement was to be without prejudice to the right of either party to apply to the Lord Chancellor to give further directions in reference to the arrangement, or to apply to have the hearing of the petition of appeal continued.

This is a sensible and judicious arrangement. The authorities of this hospital know well that they must leave. They should, then, without delay and without captiousness, accept the necessity, and devote their energies to fixing upon the best available site and perfecting the arrangements for the removal of their institution. This is a great public duty incumbent upon them, and will demand the most earnest and instant devotion on the part of the managers. The best site hitherto offered is, as we have before pointed out, the Surrey Gardens, Kennington.

MURDER OF A PHYSICIAN.—Dr. M'Carthy, a much-respected and esteemed physician of Pisa, was murdered last week by a porter, or *facchino*, who would insist on carrying a box from the railway, and, with another who had been paid, demanding payment. Dr. M'Carthy attempted to pass to get assistance from the police, when he was stabbed by the ruffian twice in the abdomen, and died after forty hours' agonizing torture. Meetings of the English residents at Pisa and Leghorn are convened to address M. Ricasoli to procure better protection; but, unfortunately, there is little hope that the assassin will be punished, or that measures of precaution will be taken.

THE INFLUENCE OF RAILWAY TRAVELLING ON PUBLIC HEALTH.

Report of the Commission.

V.

THE limits originally prescribed to different parts of this Report preclude the publication at length of those numerous communicated cases which, although varying very little *inter se*, yet prove how large is the professional experience accumulated on the subject, and how uniform the opinion prevalent among the most skilled observers as to the tendency of railway travelling to produce certain special influences both in health and disease.

From evidence adduced in the last Report, it cannot be doubted that in all cases where organic disease of the brain or nervous system exists long railway journeys are especially contra-indicated. Where this mode of travelling is necessary, it is the duty of the medical man, in cases of the above nature, to enjoin that every possible precaution shall be adopted during the journey, and to point out the necessity for rest immediately after its termination. It may be advisable in some cases even to counsel a change of route; and the iron web of railways now lies so thickly over the country, that most of the health resorts can be reached without travelling over any particular line objectionable on account of its roughness, of the frequent tunnels, or from other reasons which, although of little moment to a healthy person, become of serious import to the invalid. In reference to this subject, and continuing the consideration of the influence of railway travelling in various conditions of disease, we subjoin a further communication from Dr. C. J. B. Williams, F.R.S.

Noise and shaking motion of railways. By Dr. C. J. B. Williams.

"The bodily and mental fatigue induced by long journeys is mainly referable to the shaking and noise, and the indisputable fact that these operate more strongly in second and third class carriages than in first, at once indicates that they admit of considerable mitigation, if not of prevention. In fact, no one can have much experience in railway travelling without observing an extraordinary difference in the amount of noise and motion in trains on different lines. According to my experience, I would name as the smoothest and quietest of the great metropolitan lines, the Great Northern, the North-Western (except in certain parts), and the Great Western (except also in certain parts, and except in the too common case of neglect in closely coupling the carriages). For noisiness, the Brighton line certainly carries off the palm, perhaps from the number and length of its tunnels and deep cuttings; but for *shakiness*, the South-Eastern express trains have the pre-eminence, being only now and then equalled by the last ill-coupled carriages of a Great Western express train.

Now, these examples further suggest the inference, that if some railway lines are more shaky and noisy than others, this must be due to some defect in the construction of the line or of the carriages, or of both; and that if some trains on the same line have more motion and noise than others, it must be from something wrong in the carriages themselves; and, as already hinted, one great fault is in the loose and careless manner in which the carriages are coupled together. That such easily preventable causes of injury and disturbance ought to be removed, is very obvious; and if railway directors and managers cannot be persuaded to enforce on their servants a due attention to this matter for the sake of the comfort and welfare of the passengers, perhaps they may be moved by the consideration that the shaking which wearies and bruises living bodies, also strains and wears unduly the rolling stock, and thus will add not only to the working expenses, but likewise to the risk of *costly* accidents. Anyone well acquainted with the principles of mechanics and acoustics will scarcely fail to perceive that much improvement is possible in the construction of railway carriages, with the object of diminishing their superfluous movement and noise.

The shaking motion of a railway carriage is commonly most felt in the back, loins, waist, and head; but any limb or part tender from disease is likely to suffer from it. The noise obviously most affects the head, and it adds much to the suffering and fatigue of those who are sensitive in the organ of hearing or in the membranes of the brain. But if the journey is prolonged, that which first excites pain and irritation may in the end cause faintness and exhaustion in weakly persons; and this may be followed by a feverish reaction, lasting for some days. I know of some invalids who thus suffer so much from railway travelling that they therefore prefer to submit to the delay and inconvenience of posting.

Now, as before hinted, on these points railway carriages admit of much improvement; but until this is effected I would suggest extemporaneous means of mitigating the motion and noise by means of air-cushions. A small horseshoe air-cushion around the neck of the traveller, and another of larger size around the loins, wonderfully intercept the noise and jarring motion of the carriages. All the motion and the worst of the noise are communicated through the solid walls of the carriages, and the head and back, leaning on them, feel the din and movement in proportion as they are imperfectly cushioned. Now the air-cushion muffles the vibrations more completely than any stuffing; and provided it be not too tightly distended, it isolates from much of the surrounding jar the part resting on it. An invalid thus *air-collared* and *air-girt*, with the legs on an easy foot-rest, and a pillow or cushion or two, if needed, to prop up against the rolling or lateral motion, may generally travel in a first-class carriage with more ease than in the special invalid beds. The noise might be further excluded by stuffing the ears with cotton-wool, but this causes a sensation disagreeable to some persons.

Some individuals suffer from vertigo, faintness, and nausea on riding backwards in any close carriage, and this effect is commonly greater with the increased speed of the train. I incline to think that this is caused by some disorder of the cerebral circulation, in a manner similar to sea-sickness. The backward motion promotes the afflux of blood to the anterior lobes of the brain, with a corresponding privation of it in the cerebellum and medulla, and disturbance of the functions of the trisplanchnic and associated nerves. Change of position is the obvious corrective of this evil,—riding forwards, with a current of fresh air on the face and forehead being the most effectual; but reclining on the side or back may also answer.

The motion and noise of railway carriages interfere more or less with the free exercise of the senses of sight and hearing. The attempt to read in a shaky carriage, especially small print, or any print with an imperfect light, is trying to both eyes and head; and those with weak sight or liable to headache should not attempt it. So, also, the effort to carry on a conversation in a noisy carriage is irksome to both hearer and speaker, except in the case of certain deaf persons, who hear better in the midst of noise than usually.

Diseases of respiration and circulation.

In relation to patients labouring under actual disease (continues Dr. Williams), the influence of railway travelling is not so hurtful, according to my experience, as might be expected. I have known the subjects of advanced phthisis, subacute pleurisy, extensive dis-

case of the heart, organic affections of the liver, stomach, and intestines, and dropsy, bear long journeys remarkably well, when due care is taken to protect them from draughts and the rougher motion of the carriages. Phthisical patients are often temporarily benefited by the motion and change of scene; and I have known some within a few days of their death travel a distance of several hours with little inconvenience. In a few instances hæmoptysis has been apparently brought on; but this has generally been in earlier stages of the malady, and referable to imprudent exertion in talking or other action. In all cases of recent extensive hæmoptysis or other kinds of hæmorrhage, travelling would be hazardous. The kinds of heart disease that suffer most from railway travelling are dilatation and fatty degeneration, in which the motion and flurry cause angina and more or less faintness and irregularity of action; in such cases journeys should be undertaken with caution, and all exertion or excitement avoided.

Here I would refer to a risk connected with railway travelling which applies more especially to the subjects of disease of the heart, but also in some degree to those of other maladies: that arising from hurry and anxiety about being late for a train. I never fail to caution patients with heart disease on this point. Better to be half an hour before the time, or wait patiently an hour or two for another train, than to incur any hurry of mind or body in endeavouring to catch a train. I have known sudden deaths, and several severe aggravations of valvular lesions, to be caused in this way.

Persons liable to spasmodic asthma sometimes have an attack during or after a railway journey; and when this is not the result of a cold caught, it may be from the dust attendant on this mode of travelling in dry weather.

Other disorders likely to be aggravated by railway travelling are, all congestive and inflammatory affections of the brain and spinal cord, and their membranes; and acute inflammations of almost any organ of importance in the body."

The following interesting case, from another source, forcibly illustrates an opinion above expressed:—A gentleman engaged at the Crystal Palace, who had occasionally suffered from spasmodic asthma, found that the daily railway journeys to and from London not only brought on frequent attacks of his ailment, but that these were increasing almost daily in severity and duration. Being unwilling to leave his town residence, he determined to try the effect of proceeding by the road instead of the rail. The urgency of his attacks immediately lessened, and he rapidly improved. He returned to the railway travelling, and his asthma again resumed with increasing severity, until he once more changed his mode of conveyance. This alteration he repeated several times before being thoroughly convinced as to the cause of his increased suffering.

Retention of the secretions.

Very many persons are exceedingly careless as to the necessary evacuation of the bladder and viscera before commencing a long railway journey. There is not in our railway carriages any arrangement such as exists in the long American cars for this purpose, and most persons can testify to the extreme annoyance, and even injury, which they have sometimes endured from undue retention. It is well known that habitual suppression of the desire for micturition is not only a cause of inflammatory affections of the bladder, but that it has become the cause of a reflex paralysis of the lower extremities. Such a case, occurring in the practice of an eminent physician, has been communicated to us. But a more direct instance of the evils of retention of the excretions is afforded in the following case, mentioned by Mr. Hilton recently in THE LANCET, and described in his Lectures delivered at the College of Surgeons:—

"Just about this time two years since, a surgeon in the neighbourhood of London brought a gentleman to me under these circumstances. He said, 'He is rather an irritable man; he has pains and distressed feelings all over his left leg, and I want you to make out the cause of it.' I examined the leg carefully, and it seemed to me that the mischief, whatever it was, had been impressed upon the obturator and sciatic nerves. I made some suggestions as to the cause of the symptoms, and he said, 'Well now, let us go into the other room, and I will tell you what happened.' This gentleman some time ago was going officially down to Southampton by the express. Before he started he was anxious to have his bowels opened, as they were rather relaxed, but he had not time. He got into the carriage, and travelled with great rapidity, but in great pain all the way to Southampton. I suppose he did not know the strength of his little sphincter ani, but he had to rely upon it in his emergency. As I have said, he sat quietly, but in great distress, until he got to Southampton, suffering great pain in his leg. Directly the train stopped, he jumped out of the carriage; his sphincter was taken by surprise, gave way, and then followed a deluge, with which he went to the water-closet, and there he left his drawers and stockings. That was the history and essence of his case. It was pressure upon the sciatic nerve and obturator, which seemed to have been extreme in the case of this nervous man, that led, I believe, to the painful symptoms respecting which I was consulted."

As mentioned previously by Mr. Partridge, paralysis of the bladder has been the consequence of unduly retaining the contents of this viscus during a railway journey. In a communication made to us by Dr. Waller Lewis, he observes:—

Cases of affections of the bladder and kidneys, by Dr. W. Lewis.

"Persons suffering from an irritable state of the bladder invariably have their complaint increased by railway travelling. This is partly due to the shaking this viscus undergoes, and partly to the necessity of the forced retention of the urine. A mail guard formerly in the service was obliged to resign from this painful affection.

Affections of the kidneys are not only increased, but may even be caused by railway travelling, especially if long continued. One gentleman, who some years ago travelled day after day between London and Lancaster for six months together, informed me that he then suffered much from weakness of the spine and pain in the loins. Every morning the urine was invariably very high-coloured, "like blood," and quickly deposited a copious sediment. These symptoms showed themselves at no other period of his life but while doing this great amount of travelling.

A patient of mine, previously in perfect health, a remarkably strong, well-built man, was thrown with great violence during a collision, his back coming in contact with a wooden projection. He was much bruised in the region of the loins on either side of the spine, which latter did not seem to have received any injury. Considerable irritation and congestion of the kidneys supervened. Notwithstanding the most careful and assiduous treatment, hæmaturia came on. In spite of advice to the contrary, he has since been constantly travelling on the rail, and his disease has lately turned to pyelitis. As might be expected, he is now much reduced in size and strength. The symptoms of his disease have always increased in severity by the railway motion. He was in the habit of resting on Saturday and Sunday, began travelling again on Monday, and passed blood on Tuesday, after which there was no more blood till the following Tuesday."

It is believed that railway travelling requires to be studied in respect to its influence on pregnant women, and those affected with prolapsus, anteversion, and other uterine maladies.

In reference to the influence of railway travelling during the early periods of pregnancy we have received the following communication from Dr. Grailly Hewitt, physician to the British Lying-in Hospital:—

"It is well known that abortion may be produced by any violent exertion, by straining, or by sudden shock of the body generally. The question, therefore, as to the influence of railway travelling on the production of abortion is an interesting and important one.

It cannot be questioned that in travelling long distances by rail, women are far less liable to have abortion produced thereby than was the case before the introduction of this mode of locomotion; the proportion of cases of abortion due to jolting or excessive motion of the body during travelling is less than was formerly observed; while, as it must be remembered, long journeys are now undertaken far more frequently than they used to be by pregnant women.

The joltings and shakings to which the body is exposed in travelling in ordinary vehicles over rough roads may produce abortion in two ways: first, by reason of the actual shock communicated, though modified as regards its force and degree during transmission, to the uterus, thereby inducing contraction of its tissue, and consequent abortion; and, secondly, by that involuntary and instinctive contraction of the whole of the abdominal muscles which takes place whenever the body suddenly receives a shock. The body being thrown forwards or tilted to one side, an involuntary effort is made in the opposite direction, the general result being that the contents of the abdominal cavity, including the uterus, are subjected to sudden, unwonted pressure. When the trunk is thrown directly forwards, the pressure on the abdominal contents is increased by the flexion of the trunk on the thighs involved in this movement; this is likely to happen when in travelling the motion of the vehicle is suddenly arrested. The effects produced by the shocks and joltings incidental to railway travelling are identical in kind with those experienced in other ordinary vehicles; they are less in degree as a rule, but occur somewhat more abruptly. Now the physical conditions in which the uterus is placed are of the most favourable kind as regards their protective influence against any external disturbing agency, this organ being surrounded on all sides by soft yielding structures, and having no immediate relations with any portion of the solid framework of the body. Any slight impetus communicated to the body consequently produces hardly an appreciable disturbing influence on it or its contents, under ordinary circumstances at least. There are good reasons, however, for believing that the uterus is not equally protected against the disturbing influences in question during every portion of the period over which pregnancy extends.

The period of pregnancy at which abortion most frequently occurs, is the third month—that is to say, taking into consideration abortion from *all* causes. The particular period, however, during which abortion is most likely to be produced by sudden physical shock may be stated as that included between the third and the fifth or sixth months. Before this time the uterus is wholly in the pelvis; latter than this period it is wholly or almost completely so in the abdomen; while during the period in question the tumour presented by the pregnant uterus is bounded in front and behind by two hard resisting osseous surfaces (the pubic bones and the sacral promontory), and is thus more liable at this particular time to be affected by external agencies of the kind now under consideration. The *à priori* reasoning leading to this conclusion is supported by the accurately-recorded observations of the celebrated Mauriceau. In 11 out of 130 cases of abortion from all causes recorded by this author, it is explicitly stated that abortion occurred in consequence of joltings or shakings received in travelling in carriages, or as a result of the fatigue attending long journeys. The average period of pregnancy at which the abortions from this cause happened was five months and a half. The rough roads and cumbersome vehicles of the period over which Mauriceau's observations extend—the close of the seventeenth century—were calculated to test the shock-sustaining ability of the pregnant uterus in the very best possible manner.

My own experience would lead me to the conclusion that the danger of producing abortion by railway travelling is slight so far as short distances are concerned, but that long journeys cannot be undertaken with impunity, or with freedom from risk of abortion. The fatigue consequent on maintenance of a somewhat constrained and uniform position during many hours must indirectly favour its occurrence; and shocks, however slight, when continuously applied during several successive hours, would have a more directly positive effect in the same direction.

It is difficult to estimate the exact influence of external agencies, such as external shock, in inducing the occurrence of *labour* at a later period than that included in the foregoing remarks—namely, towards the end of pregnancy—for the reason that women are usually impressed with an idea that it is necessary to be more careful of themselves at this period, and consequently run less risks. When the natural time for delivery has nearly arrived, a slight external cause is sufficient to bring on the labour; and at such a time to take a long journey by rail, or indeed by any other mode of conveyance, would unquestionably be likely to hasten the occurrence of labour."

Dr. Meadows, assistant-physician for diseases of women and children at King's College Hospital, has made the following communication to us:—

Cases of abortion and hæmorrhage, by Dr. Meadows.

"Mrs. P——, aged twenty-seven, pregnant at seventh month with second child (first born at full time), travelled from Ipswich to London by express—a distance of seventy miles; began to feel uncomfortable during the last half-hour of the journey, and was taken in labour the same evening, about two hours after arrival. There was obstinate flooding before birth of child, much worse after, and from the effects of which she died the following morning.

There can be little doubt, I think, that in this case labour was brought on by the peculiar motion of the train. Probably the placenta was slightly separated from its attachment, as the hæmorrhage before the birth indicates, and this may have been in consequence of some morbid condition of the placenta; as, however, we cannot always diagnose this before expulsion, its possible existence, and the mere liability to detachment, necessitate more than ordinary care.

Mrs. W——, aged thirty-four, pregnant at the tenth week, travelled by rail from Edinburgh to London. A slight 'show' began while in the train; it increased after her arrival; but, by employment of astringents with opiates (acetate of lead and opium) and absolute rest and quiet, no further mischief ensued.

Here, I believe, some portion of the ovum was separated; but, no uterine action being excited, as evidenced by absence of pain, medicine was able to check its progress, the disturbance was quieted by perfect rest and sedatives, and the patient went to full time.

Mrs. G——, aged forty, pregnant at the fourteenth week with the seventh child, travelled by rail from Torquay to London. Pain and hæmorrhage began in the train, and within half an hour after her arrival in London the ovum was expelled with considerable hæmorrhage.

My own impression is, that there is greater danger to pregnant women in travelling by rail in the latter than in the earlier months of gestation; as I believe that then, especially in the last month or six weeks, there is much greater liability to uterine action being set up than in the early months. I have often known labour brought on by a drive after the eighth month.

At the hospital, out-patients suffering from polypus and cancer of the uterus have several times told me that in coming up by rail so short a distance as from Greenwich, Richmond, or the like, they have observed that bleeding frequently followed the journey. Travelling by omnibus is especially prone to do this. All which shows the tendency to some disturbance in the diseased structures."

[Owing to the great pressure on our space, the publication of the conclusion of this part of the Report, and of certain correspondence on the subject, is unavoidably deferred until next week.—ED. L.]

Correspondence.

"Audi alteram partem."

THE LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—In a leading article of your journal last week a question is put, which, if unanswered, might lead to the belief that the licence to practise Physic granted by the Royal College of Physicians to persons who shall not be restricted by any bye-law from supplying medicines to their own patients is really a certificate to practise as an apothecary, and that its possessor is liable to be prosecuted for an infringement of the Apothecaries Act of 1815. The question is this: "Does the licence of the College of Physicians entitle its possessor to practise as an apothecary; that is, to attend, prescribe, and dispense medicine in a medical case for gain?" And it is added, "This is a question still to be decided by law or equity."

Without entering into the question of "the duty of every person using or exercising the art and mystery of an apothecary," which is fully set forth in Section 5 of the Apothecaries Act, the fact seems to be forgotten that the question formerly at issue between the College of Physicians and the Apothecaries' Society has been already decided in equity. The judgment of Vice-Chancellor Sir Page Wood contains the following passage: "When you say practise as an apothecary, many persons may practise particular portions of the business of an apothecary without practising the whole business of an apothecary; as in the case where the farrier was held liable in respect of selling drugs, but not held liable in respect of practising as an apothecary, inasmuch as he was not exercising the whole art of an apothecary. But though in favour of the plaintiffs here one might say that doing any act which may fall within what an apothecary does would in a certain sense be a contravention of the twentieth section, still I have the important fact, of which I find no explanation, that surgeons can sell their medicines or charge for the medicines which they administer in a surgical case. This, it is conceded, is not an infringement of the twentieth section of the Act. It was no doubt suggested to me that it was probable the surgeons had some special privileges conferred on them by other Acts of Parliament; but so has the College of Physicians special privileges conferred on it by another Act of Parliament. Unless, therefore, there is some subsequent Act of Parliament which confers on the College of Surgeons this particular privilege of selling drugs when they are dealing with a case surgically—and no such Act of Parliament has been cited to me, nor can I find any in the valuable compilation of Mr. Willcock, the only subsequent Act relating to surgeons at all being, I think, the 6 Geo. IV., which merely relates to their serving on juries—I consider that surgeons and physicians must be deemed to be in the same position exactly as to the saving clause; and I think the authorities show that a surgeon not having the certificate of an apothecary can recover in respect of drugs which he furnishes in pursuance of his attendance in a surgical case." This appears to decide the question by law as well as equity, for as "surgeons and physicians must be deemed to be in the same position exactly as to the saving clause," by parity of reasoning a physician not having the certificate of an apothecary can recover in respect of drugs which he furnishes in pursuance of his attendance in a medical case.

In the latter part of the leading article referred to it is also stated: "The Society of Apothecaries have given notice to the College that they intend to prosecute the first licentiate of whose practice as an apothecary they can obtain sufficient proof." In reference to this, I may state, that when this intention was made known to the College they immediately resolved to defend any qualification granted by the College under the bye-laws.

As one other fact of importance relating to the College licence is not generally known—namely, its sufficiency as a medical qualification of medical officers to be appointed by Poor-law guardians, I append an extract from the order of the Poor-law Board, dated January 3rd, 1860:—

"The Board have deemed it advisable to modify the provisions of the General Consolidated Order, and to enable any person who can establish his qualification to practise both Medicine and Surgery by the production of proper testimonials, issued by competent legal authority in any part of the United Kingdom, to be a candidate for the office of medical officer in the unions to which the order is directed.

"The terms of the new order appear to the Board to be sufficiently explicit in themselves to render any detailed explanation unnecessary. The Board think, however, that it will be convenient if they point out to the guardians the nature of the testimonials which may be submitted to them, and what qualification will be established by such testimonials.

"The following will give the best information which the Board at present possess on the subject:—

"Authority granting the qualification.	*"Nature of qualification.*
"The Royal College of Physicians of London.	"Licence in Medicine."

A list of the authorities granting qualifications recognised by the Poor-law Board is then given.

Apologizing for the length to which this communication has extended, I am, Sir, your obedient servant,

HENRY A. PITMAN, M.D.,
January, 1862. Registrar of the Royal College of Physicians.

To the Editor of THE LANCET.

SIR,—According to the new list recently issued by the London College of Physicians, it appears that the number of members and licentiates admitted during last year has been smaller than was anticipated as the result of the late changes made in that corporation—only 13 members and 83 licentiates having been examined. Considering that many of the latter were already practitioners and had other qualifications, it may be supposed that they sought to obtain an additional honour, rather than the acquisition of any exclusive or essential privilege. It being, further, the first year of reformed arrangements, applications were doubtless more numerous than they will be in future. Indeed (taking the periodical statements published in your columns as a guide for such an assumption) it appears that the number of licentiates registered during the last six months of the year was only about one-third of the whole. If this be correct, it indicates a diminishing anxiety on the part of candidates to approach the venerable portal in Pall-mall East.

With respect to finance, also, these figures do not augur that increased revenue which sanguine advocates expected would accrue by creating the third class, who could supply medicines to their own patients; while, in regard to members, there must exist an absolute diminution of assets, provided the report stated in most journals be true,—namely, that the President's, Censors', and Registrar's salaries, who sit at the examining board, have been considerably augmented, although the fees from examinees prove not greater in aggregate amount than previously. As to the licentiates, what may be the balance of cash remaining after paying the twelve examiners and incidental expenses, cannot, in the absence of data, be ascertained; but if the rumour is correct which some time ago prevailed, that an examinership would at least average £100 per annum, it would not be extravagant to conjecture that the Treasurer's money-bags are not likely, for some time, to burst in consequence of plethora.—I am, Sir, yours &c.,

January, 1862. OBSERVER.

NEW REMEDIES

INTRODUCED INTO THE PRACTICE OF MEDICINE.

GUACO.

To the Editor of THE LANCET.

SIR,—In a note of mine which you published in the last number of THE LANCET, I stated my belief that the guaco used by Dr. Pritchard as a remedy in gout was not derived, as supposed, from the mikania guaco of Humboldt and Bonpland—natural order, Composite—but from a species of Aristolochia. Since that letter was written, I have seen my friend, Mr. Hanbury, and, upon speaking to him about it, he informed me that he had had an opportunity of comparing Dr. Pritchard's guaco with the stems of Central and South American Aristolochiæ, and he unhesitatingly refers it to the latter genus; so that the question as to the origin of the guaco now recommended as a remedy in gout may be considered as decided.

Whilst upon the subject of guaco, I may mention that the name of guaco is applied in Central and South America to

arious plants which are there employed either as prophylactics or antidotes to the bites of venomous snakes. This circumstance will at once account for the error as to the origin of the present guaco.

"Great misconception," writes Dr. B. Seemann,* "appears to prevail, and much has been written, about the plant which ought to be considered the true guaco. But the fact is, that nearly every country has its peculiar guaco. At first the name was, probably, confined to only one species; when, however, in newly-discovered regions, the original plant was not found, the appellation was transferred to another that happened either to resemble it in appearance or to possess similar properties."

I quote also the following from the *Pharmaceutical Journal*, vol. xiii., p. 413, upon the same subject:—

"Humboldt and Bonpland, in their 'Plantes Equinoxiales,'† described the guaco of New Granada, under the title of mikania guaco—natural order Compositæ, tribe Eupatoriaceæ. To this plant, which has occasionally been imported into Europe in a dried state, Guibourt, Martiny, and other pharmacologists, restrict the name guaco. Other species of mikania, also called guaco or huaco, and but very imperfectly known, have been enumerated by Dr. Pablo de la Llave as employed medicinally in Mexico.‡

"The genus Aristolochia likewise contributes many species of guaco. We have before us the woody stems of several kinds from Honduras, which we feel no hesitation in referring to this genus. Even the common Virginian snakeroot had a reputation, as its name implies, as a remedy for the bite of a serpent; and many other Aristolochiæ are mentioned by Dr. Lindley, as considered to possess similar virtues. The same author states, on the authority of Dr. Uslar, that a species of convolvulus is used in Mexico under the common designation of guaco.§

"Such being the uncertainty attaching to the vernacular name, it would surely be better, in the science of medicine, to dismiss it entirely; and that, if prescribed, it should be under a definite botanical name."

This is not the first time that a species of Aristolochia has been employed in gout; for the powdered root of Aristolochia rotunda is a constituent of the once celebrated "Duke of Portland's Powder for the Gout." This powder was composed of equal quantities of the following substances, powdered and mixed together—namely, gentian root, round aristolochia root, the tops and leaves of wall germander (Teucrium chamædrys, Linn.), ground pine (Ajuga chamæpitys, Smith), and centaury (Erythræa centaurium).

Former as well as present experience would therefore lead us to expect some benefit in gout from the employment of a species of Aristolochia. The fact, however, of an Aristolochia having been employed in gout before its present use by Dr. Pritchard, does not in any way detract from the credit due to Dr. Pritchard for pointing out its value, as his discovery of its remedial property in gout was arrived at quite independently.

As a demand for guaco has already arisen, I think it very desirable to caution medical practitioners against the employment of "spurious guacos," some of which are already in the market. It happens fortunately that the present Aristolochia guaco may be readily distinguished from those substitutions by its very corky bark and powerful, peculiar odour.

am, Sir, your obedient servant,

ROBERT BENTLEY, F.L.S.

Clarendon Villas, Belsize-road, Jan. 1862.

* Hooker's Journal of Botany, March, 1853, p. 76.
† Vol. ii., p. 84, pl. 105.
‡ El Mexico Mexicano, tom. ii., p. 299, quoted by Seemann, *op. cit.*
§ Vegetable Kingdom (1846), p. 631.

VERATRUM VIRIDE.

To the Editor of THE LANCET.

SIR,—In your number dated January 4th, is an account of the therapeutical action of the veratrum viride, quoted from American authors. In conclusion you state that "if used in this country the veratrum viride has found no one to record its effects."

Permit me to draw attention to the fact that in one of your contemporaries in 1859, I have published some observations upon the active use of this drug in this country as well as in America. I there described its unerring action as a cardiac sedative, which subsequent practice has but confirmed. I can also bear testimony to its influence in promoting the secretions generally, so that the addition of a very small dose of an aperient diaphoretic or diuretic suffices to determine the action of the veratrum upon the intestines, skin, or kidneys; just as in the days of venesection the cardiac sedative produced by phlebotomy promoted the action of either of these classes of medicines.

The profession can at once verify these highly desirable actions, inasmuch as a tincture of well-tried quality and strength has been prepared for me by Messrs. Darley and Gorden, of Leadenhall-street; dose, half a drop to a drop. The problem of the present day is to discover a means of reconciliation between brandy and the lancet. I doubt not, if British practitioners will give this agent a trial, many will be induced to exclaim "Eureka!"

I am, Sir, yours, &c.,

Leadenhall-street, Jan. 1862. AUGUSTUS G. MERRETT, M.D.

ATHEROSPERNUM MOSCHATUM.

To the Editor of THE LANCET.

SIR,—I beg leave through your columns to direct the attention of the profession to the exceeding value as a medicine of the bark of the *Atherospermum moschatum*, a tree indigenous to Australia and Tasmania, and especially abundant in the mountain districts of the latter and of Victoria.

Under the name of native sassafras, this bark has been long used by the early settlers and bushmen as a sort of diet drink for rheumatic and "secondary" affections. It is, however, about twelve or thirteen years since I first used it in chronic bronchitis, under a severe attack of which I was suffering myself, and which had resisted all the usual remedies. I was induced to try it through having inadvertently chewed a piece of the bark, and experiencing a singular sensation of relief upon swallowing the saliva. A decoction was immediately prepared, duly taken every three hours, and in less than twenty hours the pulse fell from 120 to 80; the expectoration, from being difficult, thin, and excessive, became easy and moderate. In short, in a few days, without any other treatment than this remedy, an attack of many weeks' duration terminated.

The experiment was immediately repeated. My valued friends, Dr. Howitt and Dr. Wilmott, took especial interest in testing the remedy, and with uniformly satisfactory results. The latter gentleman had one case, an hospital patient named Squires, of an extraordinary character; and Dr. Howitt has ever since constantly used the atherospermum. Indeed, most of my medical brethren use it, so that it is as generally kept in the chemists' shops as any other medicine.

Its taste is gratefully bitter and camphreous; its odour is fragrant, like a compound of cascarilla and cardamoms.

Mr. Bosisto, an able chemist here, has succeeded in separating an essential oil and the bitter principle in form of an extract. The oil is abundant, and it seems that in this the sedative quality resides. Dr. Hudson, now of Ballarat, and lately resident physician of the Melbourne Hospital, has given it in heart disease with marked success. It must, however, be cautiously used, for a single drop is a full dose.*

My accomplished friend, Dr. Ferdinand Muëller, the director of the Botanical Gardens, forwarded a specimen of this bark to Dr. Wittstein of Munich, and informs me that that eminent chemist has succeeded in extracting an alkaloid, of which you may perhaps have heard before you receive this.

There will be a sample of the bark of the atherospermum in the Victorian Department of the Great Exhibition of 1862; and in order that its therapeutic properties may be fairly tested, I take the liberty of forwarding to you a box of the bark, venturing to hope that you will have the goodness to place it in the hands of those who will give it a fair trial. The usual formula here is one ounce of bark to one pint of water, boiled for ten or fifteen minutes. Some make use of a tincture of equivalent strength. The dose of the decoction is one or two ounces every three or four hours.

I fear that this communication will seem rather egotistical, and that some may fancy I am riding a hobby; but the former is unavoidable when one is writing one's experience, and the latter is a little excusable when mounted on that which has carried one out of danger. At all events, this, I think, will be admitted, that a sedative tonic which acts freely on the kidneys and the skin, and which facilitates expectoration whilst reducing the secretion, is likely to prove a valuable addition to the Materia Medica.

I have the honour to be, Sir, your obedient servant,

AUGUSTUS F. A. GREEVES, M.R.C.S.L. & E.,
Late Hon. Surgeon of the Melbourne Hospital.

Melbourne, Nov. 26th, 1861.

* Vide Australian Medical Journal, Oct. 1861.

THE NEW HARTLEY COLLIERY.

To the Editor of THE LANCET.

SIR,—If ever medical men deserved a vote of thanks, I think it is due to the medical gentlemen who exerted themselves, day and night, at the frightful scene of the Hartley Colliery. We have read how our medical brethren proposed and determined to enter the pit, and push their way through any opening with the noble miners, at the risk of life, to succour their fellow-creatures. Thoroughly disinterested are such acts as these, and the deadly risk a proof of nobleness of mind and character.

I trust, Sir, that this opportunity may not be allowed to pass, and that the colleges or universities where these medical gentlemen have graduated or taken diplomas may propose a vote of thanks publicly for such conduct.

I am, Sir, your obedient servant,

January, 1862. A LONDON PHYSICIAN.

To the Editor of THE LANCET.

SIR,—As we all deplore the melancholy loss of life at the Hartley Colliery, and the want of a second shaft which might have prevented it, we cannot but be struck with the great difficulty in getting the bodies out of the pit in consequence of the bad air, &c. To remedy which, I beg to suggest, that in future any person entering a pit where noxious gases exist, or are suspected to exist, should have, not only a safety-lamp, but also a dress similar to a *diving-bell* to put on, as it would effectually prevent any bad consequences from resulting.

I am, Sir, yours sincerely,

January, 1862. A LIFE PRESERVER.

A SUBSTITUTE FOR SUTURES.

To the Editor of THE LANCET.

SIR,—A plan I have seen used once or twice, and succeed very well, I think proper to bring before professional notice, so that it may be more generally tried, as it not only does away with one of the most painful parts of an operation,—that of putting in the sutures,—but also assists in the quicker healing of the part, not being attended with that inflammation which must, to a certain extent, be set up by the suture acting as a foreign body, no matter of what material it may be made. It also gives support to the neighbouring parts, and instead of the dragging force which is employed by the suture keeping the surfaces together at the particular point where it is introduced, from the natural tendency of the lips of the wound to gape asunder, this force is extended over a large surface. This may be accomplished by spreading chamois leather, or such resisting substance, with lead plaster rather thickly, so as to retain a good hold; by cutting this into strips of sufficient width, and, having heated it, applying a strip, allowing each margin of the wound to come almost to the edge. One strip is then stitched to that of the opposite side, thus bringing the opposed surfaces of the wound together without any pain to the patient. It may then be dressed in the usual way. This plan enables you to examine the wound without having to remove anything but the dressings; the plaster not being applied exactly at the edge leaves a space through which you can see whether the surfaces have united or not. It is very serviceable in amputations of the breast or such parts, where the cuts are generally regular; it might even be found practicable in flap or other operations, if the plaster was cut of a proper shape.

I am, Sir, your obedient servant,

Heytesbury-street, Dublin, Jan. 1862. H. TALBOT HIGGINSON.

POISONING BY NITRO-BENZINE.

To the Editor of THE LANCET.

SIR,—I perceive in your impression of last week a notice of a case of poisoning by nitro-benzine. As this is the first time that attention has been drawn to the toxic effects of this substance, your notice of it is highly interesting.

Some years ago, when studying chemistry at the Paris Mint, I was engaged with a fellow-student in some experiments on saponification, and my friend, going to the warm baths, took with him a piece of soap which he had himself made and perfumed with nitro-benzine. The consequence was, that, having put the soap into the warm bath, he fainted from the effect of the vapours of nitro-benzine, and felt very ill for some time afterwards. Similar accidents are very liable to happen; and it is well that medical men should be warned of this new toxic agent, as a soap scented with nitro-benzine is very extensively sold as "almond and glycerine;" and I have known several instances where females have been affected by its powerful smell.

With respect to the statement that nitro-benzine contains prussic acid, that is probably a mistake in the report of the evidence. Though the hydride of benzoile produced from bitter almonds is contaminated with prussic acid, yet nitro-benzine, the artificial essence of almonds, being a liquid produced by the reaction of fuming nitric acid on benzine, is completely devoid of any such impurity. Its toxic effects are entirely its own property.

Regretting that I have not had an opportunity of seeing a report of the inquest,

I am, Sir, yours respectfully,

EDWARD NICHOLSON, M.R.C.S., F.C.S.

Wellington-terrace, Paddington-green, Jan. 1862.

ANATOMY AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—One of my pupils having had a difference of opinion with Mr. Stanley at the last Primary Examination at Lincoln's-inn-fields respecting the insertion of the gluteus medius muscle, and the same difficulty having occurred on other occasions with others of the Court of Examiners, I am induced to call attention to the fact in your columns, in order that I may assist in bringing the matter to an amicable arrangement.

Mr. Stanley maintains that the gluteus medius is inserted into the *top* of the great trochanter, which it most certainly is not, but into the oblique line on the outer side; and in support of my view I append extracts from the three standard anatomical works of the day—Gray, Quain, and Ellis:—

GRAY, 1st Edit., p. 285.—"The fibres gradually converge to a strong flattened tendon, which is inserted into the oblique line which traverses the outer surface of the great trochanter."

QUAIN and SHARPEY, 5th Edit., p. 377.—"Gluteus medius. This (the tendon) is inserted into the outer surface of the great trochanter, on a prominent line which crosses that process obliquely forwards and downwards."

ELLIS, 4th Edit., p. 696.—"The fibres of origin converge to a tendon which is *inserted* into an impression across the outer surface of the great trochanter, extending from the tip behind to the root in front."

I regret to say that the notions of the Examiners, respecting the insertions of all the small muscles about the trochanter, are very far from correct, the reason being that modern anatomists have taken the trouble to trace the tendons to their actual attachments instead of clubbing them under such forms as "top of trochanter," "pit at the root of great trochanter," &c., as used to be the custom. I am afraid I shall be offending time-honoured prejudices when I assert that the obturator internus and gemelli are inserted on the upper border of the trochanter in front of the pyriformis, and that the obturator externus is the only tendon going to the digital fossa. The quadratus femoris is also misplaced by some of the Examiners on the posterior inter-trochanteric line, instead of on the *linea quadrati*.

I am, Sir, yours obediently,

January, 1862. A TEACHER OF ANATOMY.

CAUSATION OF TYPHOID FEVER.

WE referred lately to the opinions of Mr. Simon on the causation of typhoid fever. These opinions are entitled to especial attention and worthy to be carefully noted, if only because they are the conclusions of a sound pathological and able thinker, based necessarily upon the largest generalization and the greatest number of facts which any man can possess in this country. In addition to the scientific weight thus given to them by the personal and official advantages under which they are formed, the views of the principal medical officer and official adviser of the Privy Council represent also for the time being those of the Government, and have, therefore, the practical importance which belongs to words that may at any moment be vitalized by action. We stated that Mr. Simon had in his last report adopted certain of the contagionistic theories which Dr. Budd of Bristol so ably brought forward in the columns of this journal. It is proper to add,

that Mr. Simon annexes certain limitations, which modify his adhesion to these important doctrines. In qualification of the quotation which we have already given, we append the following further remarks of Mr. Simon:—

"Typhoid fever seems to be, in its causes, as in its nature, very intimately related to other diarrhœal infections. And with reference to the possibility of its being only contingently contagious, I quote, for illustration's sake, from my report of 1858, the following passage referring to epidemic cholera:—'Some interesting and important experiments made in 1854 by Professor Thiersch, of Erlangen, seemed to show that cholera evacuations *in the course of their decomposition* acquire a contagious property. It is much to be regretted that experiments were not simultaneously conducted by Professor Thiersch, with a view to determine whether ordinary fæces, or ordinary diarrhœal fæces, *undergoing decomposition during an epidemic period*, would not likewise have acquired that property; for the prevalence of exterior conditions, which tend to determine in certain localities a specific infectious decomposition of excrement, seems to be the essence of an epidemic period. That this decomposition may begin in the bowels, as well as in cesspools, seems possible enough; and perhaps herein lies the explanation of the many cases in which human intercourse has apparently diffused the disease. For, according to the observations of Professor Pettenkofer at Munich, and Professor Acland at Oxford, it would seem that during cholera-periods the immigration of persons suffering diarrhœa has been followed by outbreaks of cholera in places previously uninfected; and Professor Pettenkofer ascribes this fact to an infective influence exerted by the fæces of such persons in the cesspools and adjoining soil of ill-conditioned places to which they go. An infection of this kind would probably extend itself to the polluted well-waters of such soils, and might render them, if swallowed, capable of exciting cholera by d...ect contagion. It is encouraging to sanitary reformers to observe that cases of apparent introduction of cholera-contagion by human intercourse are essentially different from such cases of infection as are presented by measles or small-pox. The multiplication of poison in the latter diseases takes place exclusively within the human body; it has no immediate dependence on differences of medium, and wherever human beings can cross one another's path, the susceptible person may contract infection. But the cholera-poison, if indeed it can at all be multiplied within the body, almost certainly has its great centres of multiplication elsewhere, in those avoidable foci of corruption where excrement accumulates and decays. And likewise for diffusing its contagion, if truly the disease be contagious, foulness of medium seems indispensable. Indeed, it is no ordinary foulness which taints air or food or water with the leaven of decaying excrement. Therefore, as regards cholera, it seems highly probable that the immigration of infected persons might occur to any extent without exciting epidemic outbreaks, if it occurred only into places of irreproachable sanitary conditions, especially as regards the supply of water, and the continuous removal of house-refuse. Compare Pettenkofer über die Verbreitungsart der Cholera, 1854; Acland on the Cholera at Oxford, 1856; and Thiersch's Infectionsversuche an Thieren mit dem Inhalte des Cholera-darmes, 1858.'"—*Papers relating to the Sanitary State of the People of England.*

MEDICAL TRIALS.

COURT OF EXCHEQUER.

CAMES *v.* NISBETT.

THIS was an action tried before Mr. Baron Wilde at Durham, in which the plaintiff, a surgeon and apothecary, sued the defendant, who had been his assistant, for a penalty of £100, incurred for a breach of agreement, in having practised within a distance of five miles of his residence. The jury found for the plaintiff, with damages of £100.

Mr. T. JONES now appeared in support of a demurrer, which raised the question whether on the true construction of the contract, the defendant was only bound not to practise during the existence of the agreement which had been determined previous to its alleged violation. The learned counsel had concluded his argument, when he said: I fear, my lords, I have been arguing this case, and that no one is here on the other side. I thought my learned friend Mr. Edward James was against me. (Laughter.)

Mr. JAMES.—Indeed I am not. (Renewed laughter.)

Mr. Baron CHANNELL.—Well, as we mean to give judgment against you, it does not signify.

Mr. Baron MARTIN.—You are entitled to your damages, but not to the injunction.

Judgment for the plaintiff for the damages.

COURT OF EXCHEQUER, DUBLIN.

CÆSAR *v.* BULLEN.

In this case, Mr. Woodroffe, for the plaintiff, moved for liberty to take issue on the pleas of justification filed by the defendant, and also to demur to those pleas. The action was brought to recover damages for libel, and there were two counts for two separate libels. It appeared that the plaintiff established a school of anatomy in Cork, and the defendant, Dr. Bullen, wrote a statement to the Chief Secretary, setting forth that the members of the County Club, near whose premises the school was, had been greatly annoyed by a most unwholesome smell proceeding from the burning of human bones within the walls of the school; that there had been a total cessation of anatomical studies in the school; and that one "subject" only had been received for dissection within the given period. These statements were contained by the first count in the summons and plaint. It appeared that shortly afterwards Dr. Bullen wrote to the Right Hon. Edward Cardwell, alluding to the first libel, and stating that notwithstanding the cessation of anatomical business in the school, certificates had been forwarded to the College in London of attendance of students at lectures, which in point of fact had not been delivered. This statement was transmitted to the Royal College of Surgeons by Mr. Cardwell, and the result was that Dr. Cæsar's school was disfranchized, and his certificates would not be received. For this the action was brought. The defendant pleaded a justification of both libels, but nevertheless in his pleas stated that one "subject" only had been reported to him. Plaintiff swore that he believed he had a good cause of action, and that the defence to it was unfounded.

Mr. WM. O'BRIEN appeared for the defendant, and said that the present proceedings were instituted in June last. The plaintiff was then described as "of Dublin," but he was since described as "of St. James's-square, Islington, London." Defendant now sought that he should not be precluded from compelling plaintiff to give security for costs before the action went on.

The Court granted the motion, and reserved liberty to the defendant to move for security for costs if so advised.

LEICESTER COUNTY COURT.

JACKSON *v.* GEE.

Mr. Haxby appeared for the plaintiff; Mr. Luck for the defendant. This was an action to recover £15 17*s.* 6*d.* for medicines and medical attendance. The plaintiff resides at Somerby, but formerly lived in Leicester, during which time he attended the defendant's family. The charges defendant considered exorbitant. Plaintiff said he charged 1*s.* 6*d.* a visit, medicine 2*s.* 6*d.* a bottle; ointment 2*s.* 6*d.* a box; pills 2*s.* 6*d.* per box; charged 8*s.* for lint; powders 3*d.* each; special consultation £1 1*s.* Consulted with the parties themselves, and the amount was suggested by Mr. Gee himself. Charged 5*s.* for a syringe; five consultations 1*s.*; charged that when he was attending another member of Mr. Gee's family at the same time.

Cross examined: Did not meet any medical man to consult. It was professional for physicians to send out medicine. Mr. Gee imagined he was consumptive, and he examined him. He received a physician's certificate to practise.

JOHN JACKSON, father of plaintiff, said he called upon defendant for the account, and he promised to pay in a month. He made no objection to the charges. The account was partly to be paid in goods and partly in money. He called again, when the defendant regretted that he had not sent the goods, and said he would pay in a week. He called again, when defendant requested him to call in a week, and then he asked him to call again.—This was the case.

Defendant was examined, and said he did not tell plaintiff to charge a physician's fee at any time. He had not promised to pay the account, but he said he would if the charges were reasonable. Plaintiff never came to visit him except as a friend, to eat and drink at his house. Sent an account in to plaintiff for goods, but which he had not paid. The account was £4 0*s.* 11*d.* Did not consider he was paid by what he had. He was willing to pay a reasonable charge.

F. GEE said he had had pills from plaintiff, and there were not more than three or four in a box.

Mr. C. R. CROSSLEY said he had examined the bill carefully; it was not usual to charge for medicine and attendance at the same time; nor had he heard of the term consultation being used except when two medical men consulted together. Had considered the bill, and thought it to be exorbitant. The usual charges for bottles of medicine were 2*s.* 6*d.*; ointment 1*s.* The bill he considered should amount to £10 or £11. Should not charge for visits if he attended two or three at once. If he charged for visits, he should charge 3*s.* 6*d.*, but he should not charge for medicine as well. If he made an examination, and did not see the patient afterwards, he should charge a guinea.

Dr. LILLEY gave similar evidence, and at the suggestion of his Honour a verdict was taken for £12, on the understanding that plaintiff should pay £4 due to defendant for goods supplied.

*** In the above case, we understand that the plaintiff paid sixty-two visits, and supplied medicine to several members of the defendant's family. We do not regard the charge as in any way exorbitant, notwithstanding the evidence of Mr. Crossley and Dr. Lilley. It would have been better, however, that the attendance had been charged, and the medicine supplied at cost price. Had this been done, we cannot conceive that any exception could have been taken to Mr. Jackson's account.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 28th ult.:—

Baker, John Penning, York-place, Portman-square.
Bale, William, Stockport.
Benson, Joseph Henry, Cambridge.
Clapham, Edward, Thorney, Peterborough.
Crowdy, Alfred Southby, Donnington, Berkshire.
Davidson, Andrew, Madagascar.
Ellerton, John, Wakefield, Yorkshire.
Gibson, Daniel, L.S.A., Hull.
Hume, James Denham, Nova Scotia.
Iliffe, Frank, L.S.A., Nuneaton, Warwickshire.
Megzy, Frederic, Stockwell.
Morris, Poyce Jones Langford, Bedford.
Morrison, John, M.D., Louisiana, New Orleans.
Newcombe, John, M.D., Victoria College, Toronto.
Nicholson, John, Penrith, Cumberland.
Nicholson, Robert Hicks Brancfere, Hull.
Packer, James Macnamara, Barbadoes.
Patton, Alfred, Belfast.
Roberts, Robert, Festiniog, North Wales.
Thompson, Thomas, Thirsk, Yorkshire.
Tyrrell, William James, L.S.A., Pembroke.
Wilkin, John Frederick, Dublin.

The following gentlemen were admitted Members on the 29th ult.:—

Brisbane, Thomas, M.D. Edin., Dumfries.
Brodie, George Bernard, Salisbury.
Buck, Henry, Harper-street, Bloomsbury-square.
Callender, Robert John, Haltwhistle, Northumberland.
Clapp, Wm. Henry Bant, M.D. Queen's Univ. Ireland, Cork.
Cox, William Henry, Plymouth.
Dobson, Thomas, L.S.A., Fleetwood, Lancashire.
Edis, Arthur Wellesley, Huntingdon.
Harrison, Robert, Windermere.
Harvey, William, Penzance.
Hawthorn, John, L.S.A., Newcastle-on-Tyne.
Lattey, Richard Allen, Cambridge-terrace, Hyde-park.
Martland, William, Blackburn, Lancashire.
Maude, Frederick Wm., St. Andrew's-place, Regent's-park.
Morton, Selby Mars, Bristol.
Owles, James Alliden, Bungay, Suffolk.
Page, William Irving, Ulster-place, Regent's-park.
Parry, Henry Howell, Carnarvon.
Waters, John Mangin, Bedford-square.
Willett, Edmund, M.D. Queen's Univ. Ireland, Cork.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 23rd ult.:—

Dunderdale, W., Poulton-le-Fylde, Lancashire.
Holman, Thomas, Uckfield, Sussex.
Joyce, Thomas, Newbury, Bucks.
Tyrrell, Walter, St. Thomas's Hospital.
Worboys, Thos. S., St. Bartholomew's Hospital.

The following gentlemen passed the examination in Arts, and received certificates of proficiency in general education, on the 25th ult.:—

Marsh, Wm. Joseph, London. (Certificate of special proficiency.)
Bland, Henry, Idle, near Leeds.
Dabbs, Geo. H. R., Parkhurst, Isle of Wight.
De Tatham, Hamilton, 40, Dorset-square.
Dobson, Nelson Congreve, Holbeach.
Etches, Charles Alfred, York.
Harris, Richard, London.
Ling, John M., Saxmundham.
Rickard, Frederick Martin, Devonport.
Riley, Joseph, Manchester.
Smith, William R., London.
Webb, John, Hannington, Hants.

THE CITY DISPENSARY has received a donation of £50 from the Grocers' Company.

THE analysts who have operated upon the body of the late Infanta Don John have not discovered any trace of poison.

THE KING OF PORTUGAL is residing at the Palace of Caxias, and is in prefect health.

CHOLERA has broken out in Bombay in the Hindoe Bazaar. The number of deaths in one week was 172.

ARMY MEDICAL DEPARTMENT.—It is in contemplation to have a Competitive Examination for Assistant-Surgeoncies in the army about the middle of March.

UNIVERSITY OF ST. ANDREWS.—The next examination for the degree of Doctor of Medicine will commence on the 5th of May.

ROYAL FREE HOSPITAL.—The Corporation of the City of London have voted the sum of 200 guineas as a donation to the funds of this hospital.

ROYAL SOCIETY.—At a meeting of this Society on the 16th of January, a paper was read, "On the Development of Striped Muscle in Man, Mammalia, and Birds," by J. S. Clarke, Esq.

DR. LALLEMAND, Professor at the Military Hospital of Val-de-Grâce, well known as the author of several scientific works, is appointed Chief Physician to the Army about to proceed to Mexico.

MAJOR MURRAY.—We are enabled to announce the complete recovery of Major Murray, the remarks which were made lately as to the state of this gentleman's health being quite incorrect.

TYPHUS IN THE HOUSE OF CORRECTION.—Last week, Frederick Gedge died of the effects of typhus fever and congestion of the lungs. Thirteen cases of typhus have occurred lately at this gaol; the majority have recovered.

ANTIQUITY OF MAN.—Sir Charles Lyell has in preparation a work on the "Geological Evidences of the Antiquity of Man," in which will be collected all the facts bearing on this most interesting and debatable topic.

RAILWAY REFORM.—The directors of the Eastern Counties Railway Company have determined on a reduction of the daily duty of the men who have charge of the points, so that the important duties entrusted to them will be more efficiently performed.

BALNEOLOGY.—Lectures on Balneology have lately been sanctioned by the Faculty of Perth, and Dr. Pete has been allowed to give them. The lecturer has immediately been voted a regular salary by the proprietors of different watering-places.

SANITARY CONDITION OF DORCHESTER.—Some discussion has taken place in the Dorchester Town Council on the subject of a proper ventilation of the sewers, on a complaint by a resident that a ventilating shaft near his premises gave forth very unwholesome and offensive gases, although it professed to have a charcoal deodorizer connected with it.

M. VELPEAU AT THE ACADEMY OF SCIENCES.—At a recent meeting of the Academy of Sciences of Paris, the President, M. Milne-Edwards, retired from the presidency, his successor being, as usual, the Vice-President, M. Duhamel, the mathematician. M. Velpeau, the distinguished surgeon, was elected Vice-President, and consequently the President for 1863.

ASYLUM FOR IDIOTS, EARLSWOOD.—The annual entertainment for the inmates of this national institution took place on Monday last. The prizes from the Christmas-trees having been distributed, the pupils were regaled with tea and cake in the magnificent gallery of the asylum. At half-past six the special amusements commenced. A shadow pantomime, in which one of the patients took a difficult character, was the source of great merriment. A wood scene, in which several patients were employed weaving garlands to the sound of joyous music, was most effective, and gave much delight. A galanti show, on a large scale and with a new plot and dia-

logue, was the closing scene of the first part. Refreshments having been supplied, the second part opened with a musical interlude, in which the aptitude of the officers of the institution to amuse and interest the subjects of their care, was specially brought out. Negro melodists made their appearance in a "London street," and were encountered by rapturous applause. Songs and duets by the various members of the staff filled up the time occupied in arranging the scenes, and "God Save the Queen" concluded the entertainment. The Board of Management and Dr. Langdon Down (the Superintendent) were supported by a very large attendance of the gentry of Reigate and neighbourhood, who were delighted to witness the enjoyment of the feeble-minded inmates of Earlswood.

Charing-cross College.—A public meeting, to inaugurate the science classes of this College in connexion with the classes of South Kensington Museum, was held at King William-street, Strand. The Hon. Arthur Kinnaird presided. Dr. Edwin Lankester delivered a very eloquent address, in which he explained in detail the objects which the College had been established to accomplish. Resolutions to promote these objects were then passed.

The Queen's College, Birmingham.—The following liberal donations have been recently forwarded to Mr. Sands Cox towards the liquidation of the building debts and other trade liabilities of the College:—The Chancellor of the University of Cambridge (the Duke of Devonshire), £20; the Earl of Dartmouth, £10; the Earl of Aylesford, £10; the Earl of Clarendon, £10; the Earl of Powis, £25; the Earl of Harrowby, £25; the Earl Howe, £15; the Earl Ducie, £10; the Earl of Dudley, £21; the Lord Lieutenant of the County (Lord Leigh), £21; Sir T. Skipwith, Bart., £5; Sir Robert Hamilton, £5 5s.; Major-General Whylock, R.M., £25; Henry Walter Bracebridge, Esq., £5; the High Sheriff for the County (R. Greaves, Esq., £5; Matthew R. Boulton, Esq., £10; Wyrley Birch, Esq., £5; C. N. Newdegate, Esq., M.P., £10.

The Pharmacopœias of France and England. — It is rather curious that these two works should be under revision at the same period. The transformation will, however, be more complete in England than in France, as the distinctions between English, Scotch, and Irish Pharmacopœias are to be abolished. In a scientific point of view, there is every prospect in France of a very near approach to perfection, as the committee appointed comprises the best heads of the Faculty of Medicine, the School of Pharmacy, and the Academy of Medicine. To these are added high officials of the Education and Worship Board, and two of the most talented Paris *pharmaciens*.

Veterinary Teaching in France.—A very unsatisfactory state of things is pointed out by the *Journal de Médecine Vétérinaire*, of Lyons, respecting the position made to professors in veterinary schools. It would appear that two chairs —one of clinical surgery, at Alfort, and another of chemistry and botany, at Toulouse—were offered for competition a short time ago, and that in one no candidate applied, and in the other only one appeared, who retired after the first day's trial. This is certainly to be regretted, and reforms will no doubt follow.

Medical Almoners.—Alfred Ebsworth, Esq., F.R.C.S., District Surgeon of Newington, announces that he has received practical proof of the sympathy of the public in the shape of funds and kind, and pledges himself to "distribute them at the bed-side of the poor in the time of their greatest need." Mr. Ebsworth has acknowledged donations of upwards of £100, forwarded in a few days, with coals, tea, coffee, &c.

The Gratitude of Ems. — The inhabitants of this favourite resort, conscious of the valuable services rendered to the locality by Dr. Spengler, the physician officially appointed at the springs, presented him, last Christmas, with a beautiful silver bowl, on which an appropriate inscription is tastefully engraved.

Mortality of Miners.—Dr. Hutchinson's evidence before a parliamentary committee has proved the unhealthy condition of poor miners. It is stated that 1000 miners were killed, and 10,000 injured last year. The previous year the casualties were much larger. A pitman is known by his emaciated cheeks and stooping figure. His average life ranges from twenty-seven to forty-five, attributable, not to the terrible accidents to which he is subjected, but rather to the unhealthy circumstances surrounding his daily avocations. An association is being formed to ameliorate the condition of the men in these employments.

Ryffel's Hygeian Stove.—In our variable climate, the importance of an efficient plan for maintaining an agreeable and equable temperature in our dwellings, in a way at once healthful and economical, is universally felt. Methods of heating devised for the purpose of obviating the inconvenience and unsightliness attending the use of flue-pipes have generally failed. It is a mistake to suppose that the vapours generated by combustion—of gas, for example—are less injurious because less dense or visible. But it is very well known that, even with the provision of a chimney, stoves are not always free from the objection of emitting unpleasant and unwholesome fumes. In this respect, Ryffel's stove has very great advantages, as, in consequence of an arrangement by which the top of the outer case (after the fuel in the fire-box inside has been ignited) is hermetically closed, the air being admitted through a hole in the bottom of the case, all the noxious vapours must necessarily escape by the flue. This peculiarity of the stove, together with the uniformity of the warmth diffused, render it eminently suitable for the sick chamber. It has, however, other recommendations. The small quantity of fuel necessary to charge it, once for the whole day, is something surprising, a few pounds of coal, and that of the cheapest kind, being all that is requisite. The stove is, moreover, ornamental, inexpensive, perfectly free from danger, and may be placed upon the carpet without fear of dirt or damage. Though simple in construction, it certainly displays great ingenuity on the part of the inventor, and appears to go far towards solving many of the problems connected with the question of warming by artificial means.

Paralysis from the Viper's bite.—Dr. Guyon has sent in an interesting communication on the effects of the sting of a horned viper (Cerastes Ægyptiacus), on an Arab of the oasis of Laghouat, 120 leagues south of Algiers. After the lapse of a month, during which the wound had healed, the patient was attacked with paralysis on the side opposite that where the sting had been inflicted. The author quotes several instances of this curious fact of paralysis ensuing after the bite of a reptile, and on the side opposite to that which had received the wound.

Drowning and Suicide.—Since July, 1861, the number of cases which have come under the cognizance of the Royal Humane Society, in which the lives of one or more persons were imperilled, was 146; of these 128 persons were successfully treated, but 18 were beyond recovery. There had been 13 cases of attempted suicide. The number of Hyde-park cases had been 19, of which 17 had been successfully treated by the officers of the Society, but 2 were found drowned. The number of cases of attempted suicide was 4.

Health of London during the Week ending Saturday, January 25th.—The returns for last week exhibit a very high mortality. In the week that ended January 11th, the deaths in London rose to 1561; in that which followed they fell to 1391; and in the week that ended last Saturday they again rose to 1569. The deaths from bronchitis were 188; from pneumonia, 98; from asthma 25. Phthisis was fatal last week in 177 cases; diseases of the heart in 86 cases; diseases of the nervous system in 156. The excess of mortality in the present return over the average must be referred in a considerable degree to typhus and typhoid fever, which rose last week to 94 deaths, and showed a very decided increase on the numbers under that head in previous weeks. The 94 deaths stand against an average of 45.

The births were—Boys, 900; girls, 901. Total, 1801.

Obituary.

C. METCALFE BABINGTON, M.D.

Dr. C. Metcalfe Babington died at his house, 29, Hertford-street, Mayfair, on the 25th ultimo, at the early age of 46. He had studied at St. George's Hospital, and had filled the office of house-surgeon. Whilst enjoying the esteem of his teachers for his assiduity and abilities, his genial disposition and pleasant manners made him an especial favourite amongst his fellow-pupils. For a season or two he lectured on Midwifery at the Middlesex Hospital. He held for many years the office of Physician to Queen Charlotte's Lying-in Hospital, and for some time had been Assistant-Physician to the Hospital for Sick Children. He enjoyed a good practice in the department he had selected; and at the time of his death was Vice-President of the Obstetrical Society.

MEDICAL VACANCIES.

AN Assistant-Physician to the London Fever Hospital will be elected on the 14th of February.

By the death of Dr. Metcalfe Babington, there are vacancies for a Physician to Queen Charlotte's Lying-in Hospital, and for an Assistant-Physician to the Hospital for Sick Children.

A Resident Medical Officer to the Leeds Dispensary, in the place of Mr. Collins, resigned, will be elected on the 28th of February.

A Resident Medical Officer is required for the Poplar Hospital.

There is a vacancy in the Honorary Medical Staff of the Royal Pimlico Dispensary.

The office of Assistant-Surgeon to the Middlesex Hospital has become vacant.

There is a vacancy for a Poor-law Medical Officer for the District of Ledbury and Yarkhill, in the Ledbury Union, Worcestershire.

Dr. Frederick Hughes Hewitt has resigned the office of one of the Physicians to the Worcester Dispensary.

MEDICAL APPOINTMENTS.

DR. BUCHANAN has been appointed Physician to the London Fever Hospital, in the room of the late Dr. Southwood Smith.

Mr. J. Lang has been elected Surgeon to the General Hospital and Dispensary for Sick Children, Manchester.

Mr. George Blacker Morgan has been elected Honorary Surgeon to the Sunderland Infirmary, in the room of the late Dr. Frederick Henry Johnson.

Assist.-Surgeon Lord, Civil Surgeon of Rajcote, has been appointed Superintendent of Mahableshwar, Bombay Presidency.

Mr. Samuel Parker has been re-elected one of the Surgeons of the Sheffield Public Hospital and Dispensary.

Mr. William Owen Jones has been appointed Junior House-Surgeon to the Manchester Royal Infirmary and Dispensary, in the place of Mr. Joseph Henry Barr, resigned.

Mr. W. C. Taylor has been appointed Dispenser to the Worcester Dispensary.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

Royal Artillery: Surg. George Pain, from the 53rd Foot, to be Surg., vice Brent, promoted on the Staff; Staff Assist.-Surg. Augustus Patrick Meyers Corbett, M.D., to be Assist.-Surg., vice Wright, promoted on the Staff; Assist.-Surg. James Crosse Johnston, from the 9th Foot, to be Assist.-Surg.; Staff Assist.-Surg. James Alfred Turner, to be Assist.-Surg., vice Wallace, promoted on the Staff.

15th Foot: Staff Assist.-Surg. Charles Moore Jessop, to be Assist.-Surg.

16th Foot: Staff Assist.-Surg. R. Westrop Saunders, M.D., to be Assist.-Surg.

17th Foot: Staff Assist.-Surg. John Walters, M.B., to be Assist.-Surg.

44th Foot: Staff Assist.-Surg. John Kinahan, M.D., to be Assist.-Surg., vice Charles James Kinahan, appointed to the Staff.

53rd Foot: Staff Surg.-Major George Thomas Galbraith, M.D., to be Surg., vice Pain, appointed to the Royal Artillery.

57th Foot: Staff Surg.-Major James Carroll Dempster, M.D., to be Surg., vice William M'Andrew, M.D., deceased.

93rd Foot: Staff Assist.-Surg. Samuel Hope, to be Assist.-Surg., vice James Nicholas Bell, M.D., promoted on the Staff.

96th Foot: Staff Assist.-Surg. Caleb Shera Wills, to be Assist.-Surg.

Deputy Inspector-General of Hospitals Arthur Anderson, M.D., to be Inspector-General.

To be Deputy Inspectors-General of Hospitals: Staff Surg.-Major Joseph Samuel Prendergast, M.D.; Staff Surg.-Major William Home, M.D.; Staff Surg.-Major Jas. M'Gregor; Surg.-Major John Bent, from the Royal Artillery.

To be Staff-Surgeons: Staff-Surg. John Grogan, M.B., from half-pay, vice Prendergast, promoted; Staff Assist.-Surg. Wm. Alex. Mackinnon, vice Home, promoted; Assist.-Surg. William Tydd Harding, from the 25th Foot, vice M'Gregor; Assist.-Surg. Wm. Reale Wallis, from the Royal Artillery, vice Galbraith, appointed to the 53rd Foot; Staff Assist.-Surg. Digby Wm. Lawlor, vice James Carroll Dempster, M.D., appointed to the 57th Foot.

To be Staff Assistant-Surgeons: Assist.-Surg. Charles James Kinahan, from the 44th Foot, vice John Kinahan, appointed to the 44th Foot; Assist.-Surg. Isaac Hoysted, from the 37th Foot, vice Whylock, promoted on the Staff; Assist.-Surg. Horatio Scott, from the 40th Foot, vice Speedy, promoted on the Staff; Staff Assist.-Surg. Henry Walker, from half-pay, vice Mackinnon, promoted; Assist.-Surg. Robert Waters, M.D., from the 21st Foot, vice Ferguson, promoted on the Staff; Assist.-Surg. Wm. Cherry, from the 45th Foot, vice Hope, appointed to the 93rd Foot; Staff Assist.-Surg. Thos. Young Baker, from half-pay, vice Corbett, appointed to the Royal Artillery; Staff Assist.-Surg. John Henry N. Bracken, from half-pay, vice Turner, appointed to the Royal Artillery: Staff Assist.-Surg. Frank Pont, from half-pay, vice Digby W. Lawlor, promoted; Staff Assist.-Surg. Robert Hogarth Clay, M.D., on half-pay, has been permitted to resign his Commission.

Surg. D. L. Morgan, Assist.-Surg. Godfrey, and Acting Assist.-Surg. E. A. Birch, to the *Europa*. Assist.-Surg. Thos. H. Taylor, additional, to the *Victory*, for service in the *Scalark*. Assist.-Surg. Dr. Robert Hague, to the *Trafalgar*. Acting Assist.-Surg. J. A. Hatch, to the *Investigator*.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th ult., in Galway, the wife of Michael Considine, M.D., of a son.

On the 18th ult., at Sevenoaks, the wife of Charles Lovegrove, Esq., M.R.C.S., of a daughter.

On the 24th ult., at Finsbury-circus, the wife of Burton Shillitoe, Esq., F.R.C.S., of a son.

On the 25th ult., at Thurlow-place, Hackney-road, the wife of Wm. Talbot King, Esq., M.R.C.S., of a daughter.

On the 26th ult., at Canonbury-square, the wife of H. J. Stokes, M.D., of a daughter.

MARRIAGES.

On the 21st ult., at St. Pancras Church, John Alcock, Esq., M.R.C.S., of Burslem, Staffordshire, fifth son of the late Samuel Alcock, Esq., of the Hill Pottery, Burslem, to Emily, sixth daughter of Samuel King, Esq., of Camden-square.

On the 21st ult., at St. Thomas's Church, Portsmouth, Matthew Burton, M.D., Surgeon R.N., third son of the late Matthew Burton, Esq., of Rosewell-Mains, [Hawthornden, Edinburgh, to Mary Anne, second daughter of Christopher Ayre, Esq., late of St. John's, Newfoundland.

On the 21st ult., at Hartlebury Parish Church, Samuel Lamb, Esq., M.R.C.S., of Stourport, to Marian, daughter of Thomas Lee, Esq., of Wakefield.

On the 21st ult., at Trinity Episcopal Church, Edinburgh, S. Stacey Skipton, M.D., H.M.'s 78th Highlanders, to Mary Elizabeth, eldest daughter of the late James Webster, Esq., of Mount Shadwell, Victoria, Australia, and of Bellevue-terrace, Edinburgh.

On the 21st ult., at York-place, Edinburgh, Thomas Goldie Scot, M.D., 79th Highlanders, and eldest son of Wm. Scot, Esq., of Craigmuie, in the Stewartry of Kirkcudbright, to Frances Elizabeth Lever, only child of Archibald Watson Goldie, Esq., Writer to the Signet.

On the 23rd ult., at the Parish Church, Halton, Wm. Jelly, M.D., to Anna, daughter of John Swainson, Esq., of Halton Hall, Lancaster.

DEATHS.

On the 16th ult., Charles Whiting, Esq., M.R.C.S., of Upper Ebury-street, aged 55.

On the 21st ult., at Warminster, George Vicary, Esq., F.R.C.S., aged 68.

On the 22nd ult., at Crown-street, Liverpool, Christopher Joseph Massey, Esq., M.R.C.S.

On the 28th ult., at Lever-street, Manchester, Ada, infant daughter of J. Ogden Fletcher, M.D.

Medical Diary of the Week.

MONDAY, FEB. 3

- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—The following Operation will be performed at 2 P.M.:—By Mr. G. B. Childs: Amputation of Breast.
- ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
- EPIDEMIOLOGICAL SOCIETY.—8 P.M. Mr. J. N. Radcliffe, "On the recent Epidemic of Diphtheria."
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Henry Smith, "On the Difficulties and Dangers attending the Operation of Tracheotomy."

TUESDAY, FEB. 4

- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Mr. John Marshall, "On the Physiology of the Senses."
- ETHNOLOGICAL SOCIETY.—8 P.M. Dr. Hunt, "On the Acclimatization of Man."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, FEB. 5

- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
- OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Swayne, "On Discoloration of the Skin during Pregnancy."—Dr. Barnes, "On the Arterial Thrombosis of Lying-in Women."—Dr. Grailly Hewitt, "On the Uterine Douche as a Therapeutic Agent, with Exhibition of a New Instrument."—Mr. Baker Brown, "On a Case of Retained Menses of Two Years' Duration; Puncture by Rectum; Recovery."
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, FEB. 6

- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat."
- CHEMICAL SOCIETY.—8 P.M. Mr. Adie, "On Ground Ice."—Dr. Bence Jones, "On Crystalline Xanthin in Human Urine."—Mr. A. H. Church, "On Silica."—Prof. Bloxam, "On Arsenic in Sulphuric Acid."

FRIDAY, FEB. 7

- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Prof. T. H. Huxley, "On Fossil Remains of Man."
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. "On Typhoid Fever." Discussion.

SATURDAY, FEB. 8

- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Rev. A. J. D'Orsey, "On the English Language."
- CHRISTIAN MEDICAL ASSOCIATION.—8 P.M. Meeting at Freemasons' Hall.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

A Correspondent asks us for a solution of the following extract from Mr. Orton's recent Report of the Limehouse District:—"It may be but little known that in the Limehouse district there are men engaged in pursuits, though different, yet quite as dangerous as the lead works, the horrors of which can best be given in my informant's own words:—'Blood rushes from the men's mouths, eyes, and nostrils sometimes; some hold their breath, and then turning up two shovelfuls (speaking of the noxious substance), they then run back a few paces to take breath; but I plug my mouth and nostrils with wet sponge; still here I am as you see me.' The man was suffering from hæmoptysis or hæmorrhage from the lungs, with the promise of speedy consumption, from inhaling the irritant poisonous dust." We presume the noxious agent to be guano.

C. M. S. will not be required to pass the preliminary examination previous to "entering."

W.—By application to Mr. S. Andrew, Institution for Nurses, North Audley-street, Grosvenor-square.

T. E. H.—We do not answer such questions in THE LANCET.

Trinidad.—It is not compulsory; but it is the custom, and should be strictly observed. A departure from it might in some cases be attended with very disagreeable consequences.

General Practitioner.—There is no law to prevent him styling himself "Dr."

THE MEDICAL ASSISTANTS' BENEVOLENT ASSOCIATION.

To the Editor of THE LANCET.

SIR,—As you have already opened your columns for the discussion of subjects connected with the above Association, I feel bound again to trespass upon your valuable space by stating that the person who advertises himself as "formerly Chairman to the Medical Assistants' Benevolent Association," only filled that office for about *ten minutes* at the first meeting which was held. We have not had the pleasure of his presence at any subsequent meeting. He has neither assisted us by suggestions or pecuniary means, nor does he appear qualified to become a member. It seems strange, therefore, that he should now make use of the name of the Association in order to attract attention to his business as a medical agent.

Your obedient servant,
ALEXANDER ELLIS,
Bishopsgate-street Without, Jan. 1862. Member of the Committee.

Pharmaceutist.—The nitrate of amyl has been experimented with by Drs. Richardson and Guthrie. A report upon it was read at a recent meeting of the College of Dentists. According to the former gentleman, it is the most powerful excitant of the circulatory system known up to this time. It is so powerful and so dangerous as to prevent its use as a medicinal agent. "Propylamine" is used in rheumatism, and is obtained from pickled herrings, as well as from other filthy products.

Subscriber, (Birmingham.)—There is no enactment against it. The regulations of the College have not the force of law.

K. F. S. will oblige by writing his prescription in full, and distinctly.

CHLOROSIS.

To the Editor of THE LANCET.

SIR,—Will you give me the opportunity of remarking, in answer to the inquiry of "M.D." in your last impression, as to the treatment of chlorosis, that I have found no medicine so serviceable as a combination of strychnine and iron. After giving aperients, if they are required, I usually prescribe the twenty-fourth of a grain of pure crystallized strychnia (dissolved in a little diluted acetic acid), and ten or fifteen minims of solution of peracetate of iron, to be taken three times a day, soon after meals. This, with generous diet and moderate out-door exercise, will generally soon afford great relief.

The solution of peracetate of iron can be obtained from the General Apothecaries' Company, or from Brewer, in Liverpool-street, City.

I remain, Sir, yours, &c.,
Southend, Essex, Jan. 1862. W. R. WARWICK, M.D.

To the Editor of THE LANCET.

SIR,—In answer to "M.D.," I may state that by perusing and studying a paper by H. R. de Ricci in the *Dublin Quarterly* for February, 1858, he will find all the information he requires for the treatment of his particular case of chlorosis. The remarks contained therein are of a general nature, setting forth the value of nux vomica and its preparations in cases of functional derangement, and showing the therapeutic use of strychnia, and how vain it is oftentimes to attempt to introduce chalybeates into the system, without the aid of this alkaloid or of quina.—I remain, Sir, your constant reader,
Bristol, Jan. 1862. JAS. B. PROWSE, M.R.C.S.

Mr. G. F. Gwyn's allusion to "a country practitioner" in his letter to the *Daily Telegraph*, is an impertinent insinuation against a highly respectable gentleman.

Mr. J. S. Bliss.—The disease depends upon a specific poison; but there can be no doubt of the bad influence of a vitiated atmosphere on the spread of the complaint.

Just.—Mr. Whidborne's qualifications are as follows:—M.D. Heidelb. 1848; L.R.C.P. Edin. (exam.), 1860; L.S.A., 1834.

A Scotch M.D.—He could keep an open surgery, but not *legally* practise as an apothecary.

TRITICUM REPENS.

To the Editor of THE LANCET.

SIR,—I would thank you if you can inform me where I can procure the Triticum repens, recommended through your columns by Mr. H. Thompson. I have a troublesome case of chronic irritability of the neck of the bladder, with occasional spasms, followed by mucous deposits, in which I would gladly try this new remedy. I would like to know if any of your readers have found it useful in this condition of the bladder since Mr. H. Thompson's recommendation.

Your obedient servant,
Newcastle-on-Tyne, Jan. 1862. RICHARD ELLIS, L.R.C.S. Edin.

THE HEALTH INFLUENCE OF RAILWAY TRAVELLING.

Broad-grape.—The lines were travelled over for the express purpose of making the investigations; but we shall be glad to receive any independent observations.

Mr. J. Thompson.—Of the numerous letters received, as many shall be inserted as space will permit.

Mr. Clarke.—The judicious remarks on the effects of railway travelling on health (published by Dr. Winn in 1855) evidence accurate judgment and foresight. It will be seen that we have already discussed *in extenso* all the points to which he refers.

Masterfamilias.—In children it is almost impossible to sufficiently distinguish the effects of many influences to enable us to pronounce an opinion. It is very injudicious to allow them to constantly watch passing objects when travelling.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Stocking; Dr. Grailly Hewitt; Prof. Bentley; Dr. W. Odling; Mr. E. Nicholson; Dr. Warwick; Mr. P. M. Rogers; Mr. B. J. Vernon; Dr. Skegg; Mr. R. Ellis, Newcastle-on-Tyne; Dr. Fletcher; Mr. Vicary; Mr. Hicks; Mr. Gowland; Dr. Wallace, Glasgow, (with enclosure;) Mr. W. Crofts, Edington, (with enclosure;) Mr. Anthonio, (with enclosure;) Mr. J. Bliss, Norwich; Mr. W. S. Cox, Birmingham; Dr. Tibbits, Warwick, (with enclosure;) Mr. J. M. Lang; Mr. J. B. Prowse, Bristol; Mr. G. Gibbs, Darlington, (with enclosure;) Dr. N. Seward, Caherconlish, (with enclosure;) Mr. C. H. Taylor, Bradford; Mr. G. Carleton, Aldershott, (with enclosure;) Mr. E. Edwards, Crewe; Mr. G. B. Halford; Mr. Harrowby, Alford, (with enclosure;) Mr. Foote, Doncaster, (with enclosure;) Mr. Jennings, Coleford, (with enclosure;) Mr. Clegg, Epping, (with enclosure;) Dr. Beaumont, Augar, India; Dr. Buchanan, Rathgar, (with enclosure;) Mr. Vigurs, (with enclosure;) Mr. A. Evans, Lampeter, (with enclosure;) Mr. Bigford, (with enclosure;) Mr. W. S. Marshall; Mr. Chaldicott, Dorking, (with enclosure;) T. E. H.; One of the Twelve Thousand; J. W., (with enclosure;) A Life Preserver E. F. S.; A. B., (with enclosure;) Royal Institution; A London Physician; Metropolitan Free Hospital; &c. &c.